

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles Clark Ahalt

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month Jan.	Day 24	Years 0	3 Months	8 Days	
Sex	Male	Color or Race	White		Birth-place	Burkittsville	
Occupation	Tinner		Where Residing if not at place of death				
Married, Single or Widowed	Infant	Name of Wife or Husband					
Father's Name	William Ahalt		Father's Birthplace Fred. Co. Ind.				
Mother's Maiden Name	Pearl Boyer		Mother's Birthplace Fred Co. Ind.				
Name of person giving information	William Ahalt		How related to deceased Father				

CAUSES OF DEATH

93

Primary

Pneumonia

How long

3 days

Immediate

Asphyxia

How long

truncis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

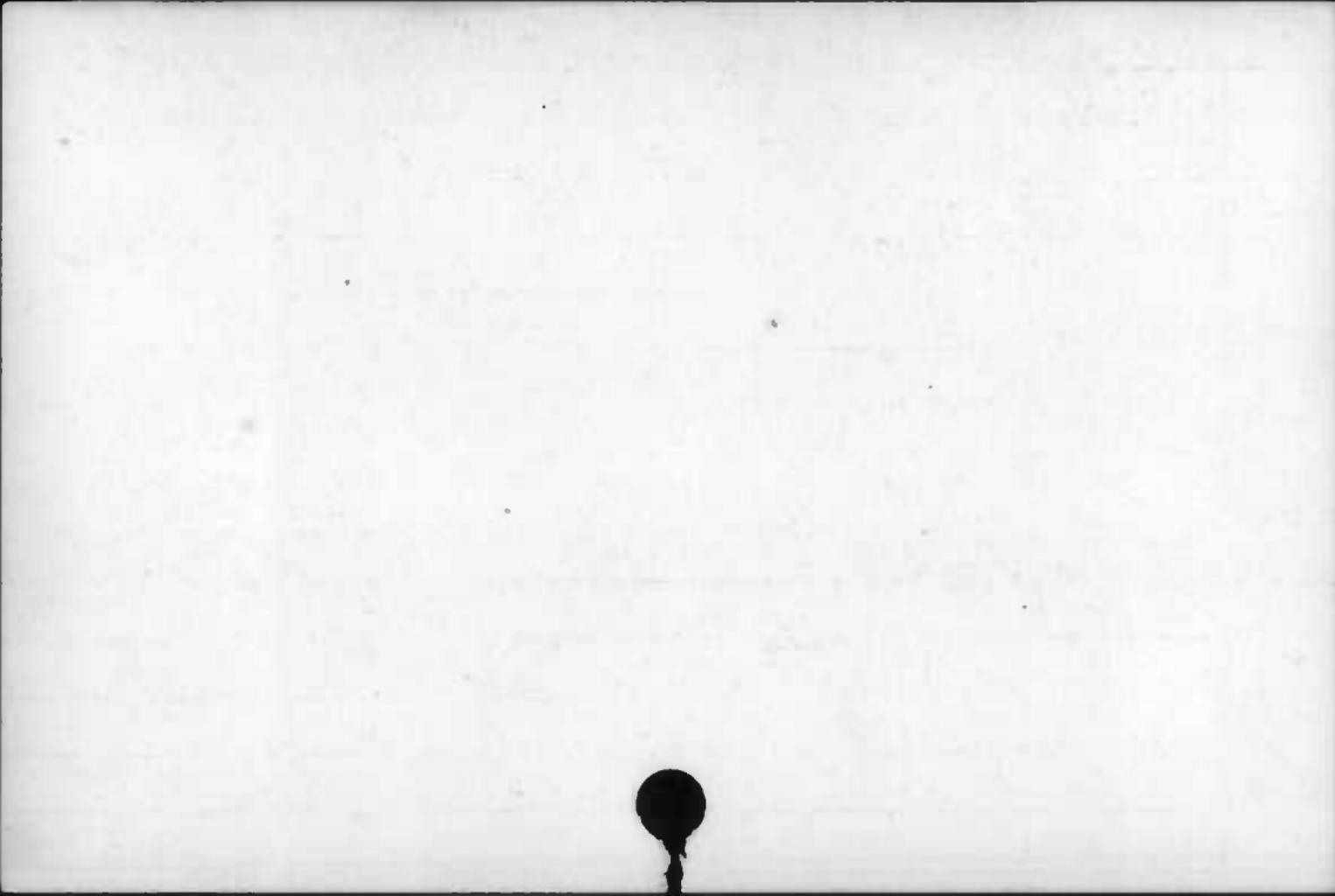
Address

Georgetown

Burkittsville

Ind

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Albert Thornton Subbuck

CERTIFICATE OF DEATH

Died at <u>Same Kilm</u>		Town	County <u>Frederick</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>29</u>	Age <u>4</u>	Years	Months <u>7</u>	Days <u>25</u>	
Sex <u>Male</u>	Color or Race <u>Negro</u>	Occupation <u>—</u>		Where Residing if not at place of death <u>Same</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Name <u>William Subbuck</u>		Father's Birthplace <u>Frederick</u>			
Mother's Maiden Name <u>Dora J. Tallman</u>	Mother's Birthplace <u>Frederick</u>		Name of person giving information <u>Wm Subbuck</u>		How related to deceased <u>Brother</u>		

CAUSES OF DEATH

167

Primary

Tellin kettle of boiling water

How long

Immediate

Shock

How long
12 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

T. Clyde Routen
Buckeytown

Address

Accident or Suicide?

Accident



Name
in
Full

James A. Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near New Market</u>		Town <u>Frederick</u>		County <u>Frederick</u>			MARYLAND	
Date of death <u>1909</u>	Month <u>1</u>	Day <u>10</u>	Age <u>58</u>	Years <u>58</u>	Months <u>—</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Frederick Co. Md.</u>						
Occupation <u>Miller</u>	Where Residing if not at place of death <u>—</u>							
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>							
Father's Name <u>Peter Boyer</u>				Father's Birthplace <u>New London</u>				
Mother's Maiden Name <u>unk</u>				Mother's Birthplace <u>Jefferson, N.Y.</u>				
Name of person giving information <u>Willis B. Boyer</u>				How related to deceased <u>Brother</u>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia

How long

8 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

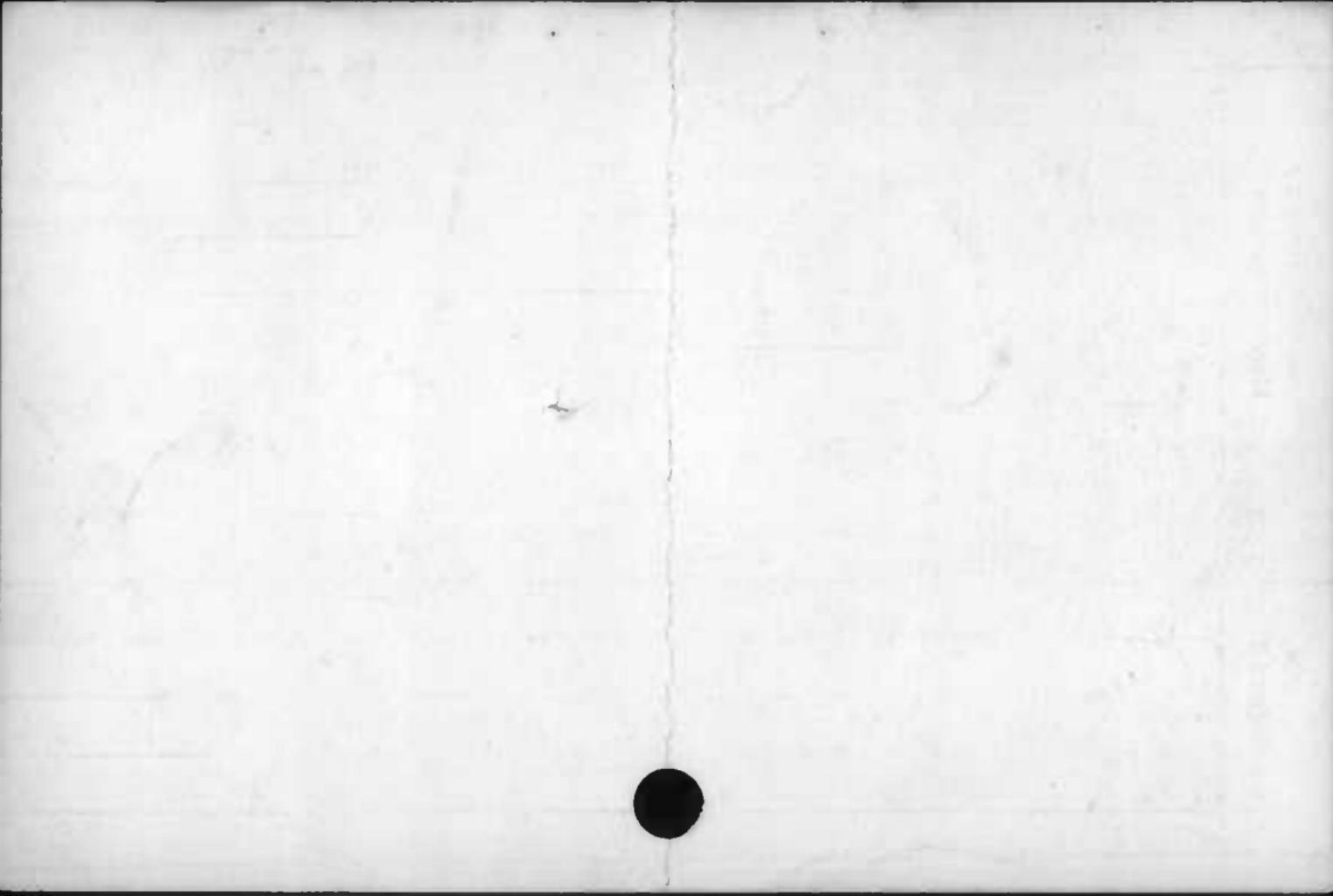
Howard H. Hopkins Jr

Address

New Market

Frederick Co., Md.

Accident or Suicide? no



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Jan	Day 15-	Years 87	Months 2	Days 25-
Sex	Female	Color or Race	White	Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Hermogene Barnes Breunissen		Father's Birthplace	Ind.
Father's Name	Joshua Young				Mother's Birthplace	Md.
Mother's Maiden Name	Hannah Barnes				How related to deceased	Son
Name of person giving information	A. P. Breunissen					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infirmitie of age	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	Thomas P. Sappington, M.D.	
Address	Unionville Maryland	
Accident or Suicide?		

154

How long

How long

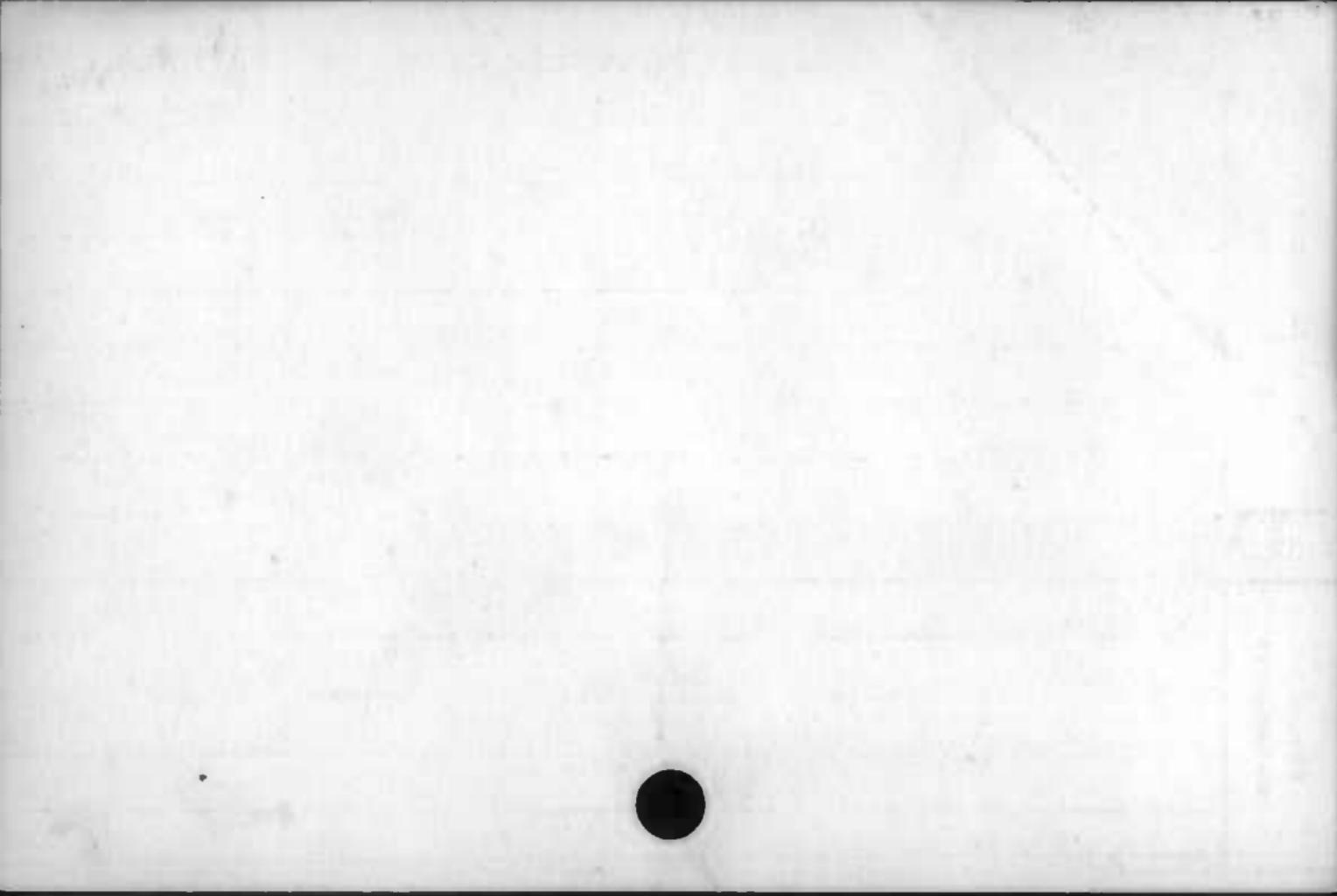
Sudden

Thomas P. Sappington, M.D.

Unionville

Maryland

LIBRARY BUREAU 485816



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles G Brown
Died at Middletown Frederick

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909	Month Jan	Day 9	Years 1	Months 2	Days 3
Sex Male	Color or Race White	Birth-place Md			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Charles G Brown	Father's Birthplace Md				
Mother's Maiden Name Laura R Summers	Mother's Birthplace Md				
Name of person giving Information Charles G Brown	How related to deceased Father				

Suppurative Adenitis: Cerv.

CAUSES OF DEATH

144

How long

4 weeks

How long

3 days

Primary

Cervical Adenitis (suppurative)

Immediate

Laryngeal infarction

Are the name, age, sex, color, date and place correctly given above?

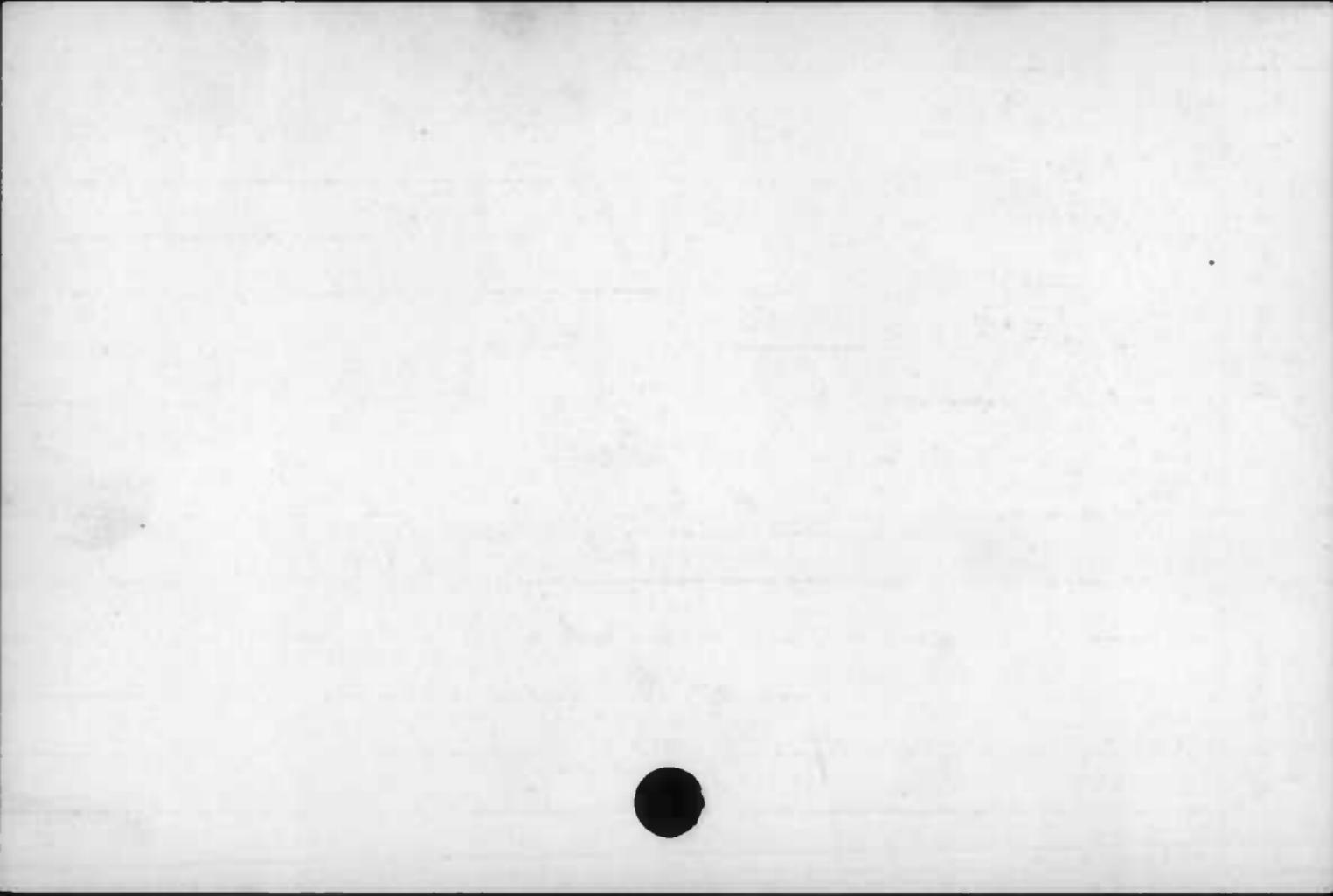
Yes

Signature of
Physician

Address

E L Beckley
Middletown
Md

Accident or Suicide?



Name
in
Full

Conrad

Burst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town
Frederick

County
Frederick

MARYLAND

Date Month Day
of death 1909 July 5
Age Years Months Days
71 4 21

Sex Male Color or
Race white Birth-
place

Occupation Engineer Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Louisa Sandmeyer

Father's
Name Casper Burst

Father's
Birthplace Germany

Mother's
Maiden Name Elizabeth Fulmer

Mother's
Birthplace "

Name of person giving
Information August Burst

How related
to deceased Son.

CAUSES OF DEATH

112

How long

?

Primary Cirrhosis Liver

Immediate Exhaustion

How long
several days

Are the name, age, sex, color, date
and place correctly given above?

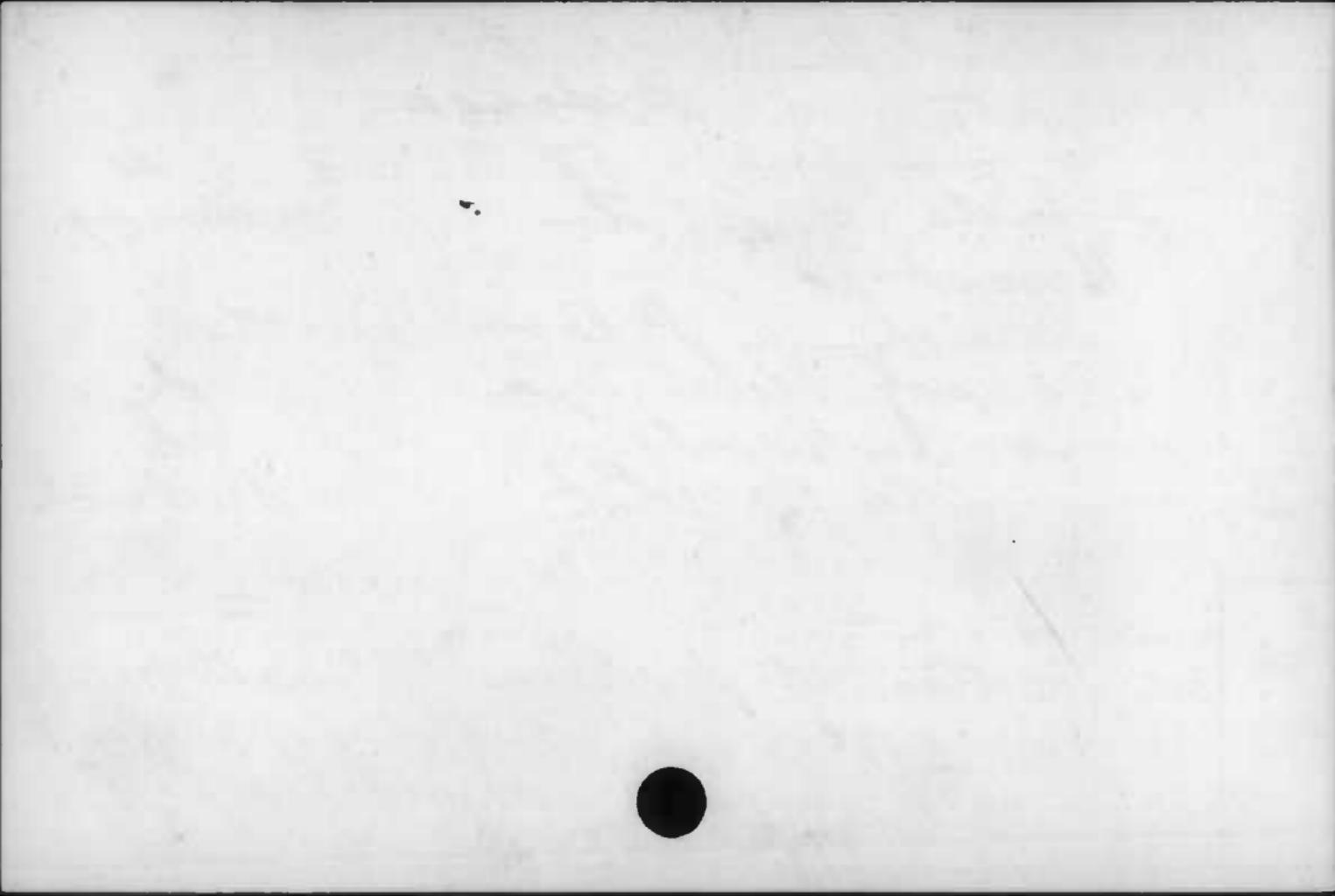
Signature of
Physician

Address

Mr Casper, M.D.
Frederick Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary Elizabeth Burket

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Jan	28 th	57 (57)	3	17
Sax	Female	Color or Race	White	Birth-place	Emmitsburg
Occupation	Housewife			Where Residing if not at place of death	=
Married, Single or Widowed	Married	Name of Wife or Husband	Peter Burket	Father's Name	Michael Adelsburger
Father's Name	Peter Burket			Father's Birthplace	Adel
Mother's Maiden Name	Sarah Handley			Mother's Birthplace	Ad
Name of person giving Information	Peter Burket			How related to deceased	Husband

CAUSES OF DEATH

104

How long

PHYSICIAN
OR CORONER

Primary

Stroke

Immediate

acute indigestion

How long

Nine hours

Are the name, age, sex, color, date
and place correctly given above?

yes

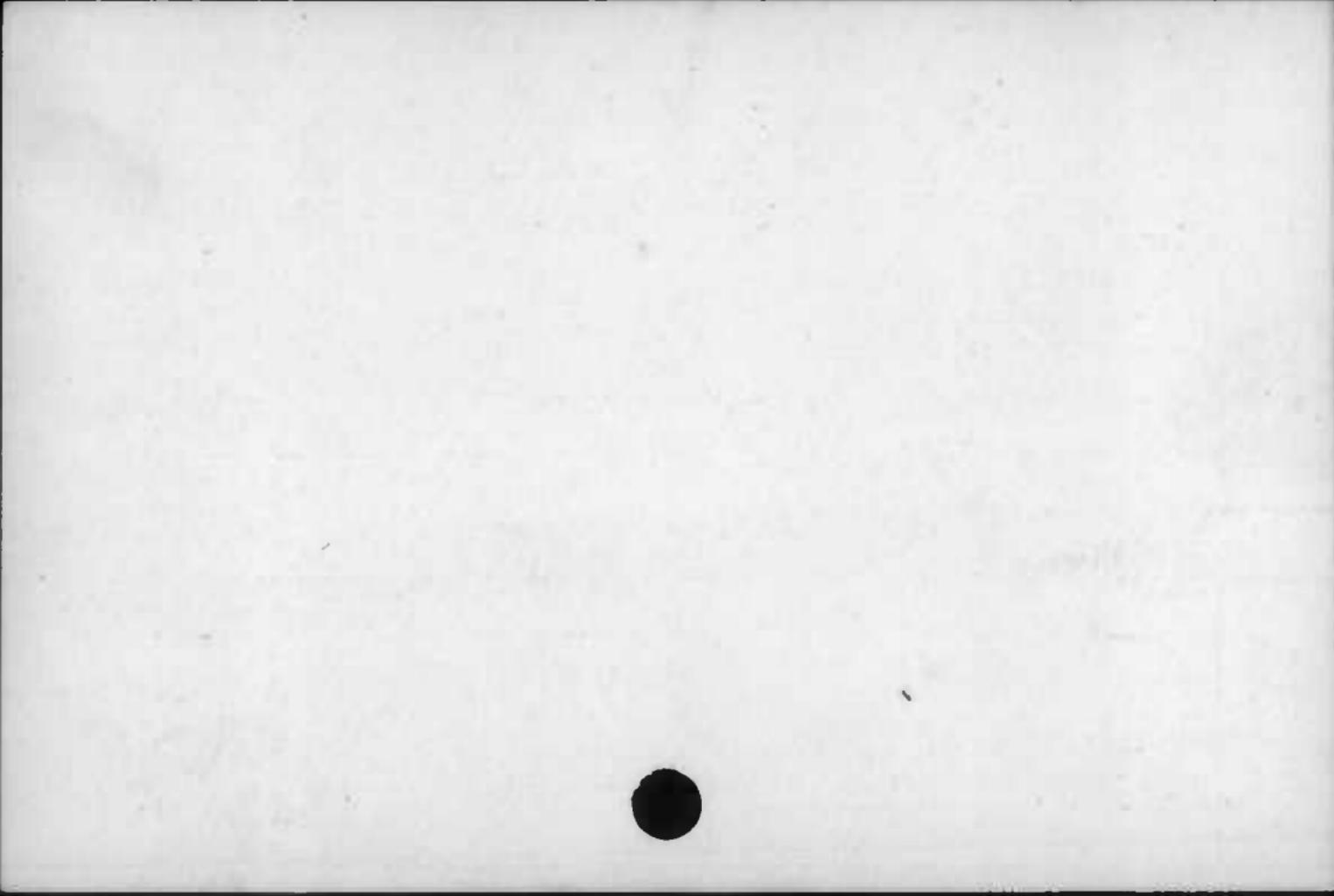
Signature of
Physician

Address

John B. Brown

Emmitsburg
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

John David Castnail

Town

County

MARYLAND

Died at Frederick

Fredk.

Date

Month

Day

Year

of death 1909

1

27

Age

46

Months

8

Days

15

Sex

Color or
Race

Black

Birth-
place

Fredk. Co. Md

Occupation

Laundress
White-Washer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ellen Morris

Father's
Birthplace

Maryland

Father's
Name

Henry Castnail

Mother's
Birthplace

..

Mother's
Maiden Name

Harriet Caesar

How related
to deceased

Wife

Name of person giving
information

Mois Castnail

CAUSES OF DEATH

Primary

Cardiac degeneration

64

How long

About 12 months

Immediate

Cerebral abscess

How long

Several days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

U. G. Brown MD

Address

Fredk. Md.

Accident or Suicide

nnn

over

Interment Jan 29 - 1909.
" at Laboring Sons, Cem.
Thomas P. Rice F. d.

Dr. Bowne

Dr. McCloud

Name
in
Full

Henry Blunk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Elkinsburg</u>		County <u>Frederick</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>1</u>	Day <u>14</u>	Years <u>59</u>	Months <u>7</u>	Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Penna</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>near Elkinsburg</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Catharine Blunk</u>				
Father's Name <u>Joseph Blunk</u>	Father's Birthplace <u>Penna</u>				
Mother's Maiden Name <u>Catharine Robinson</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Catharine Blunk</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

120

How long

1 year

How long

PHYSICIAN
OR CORONER

Primary

Chronic Bright's Disease

Immediate

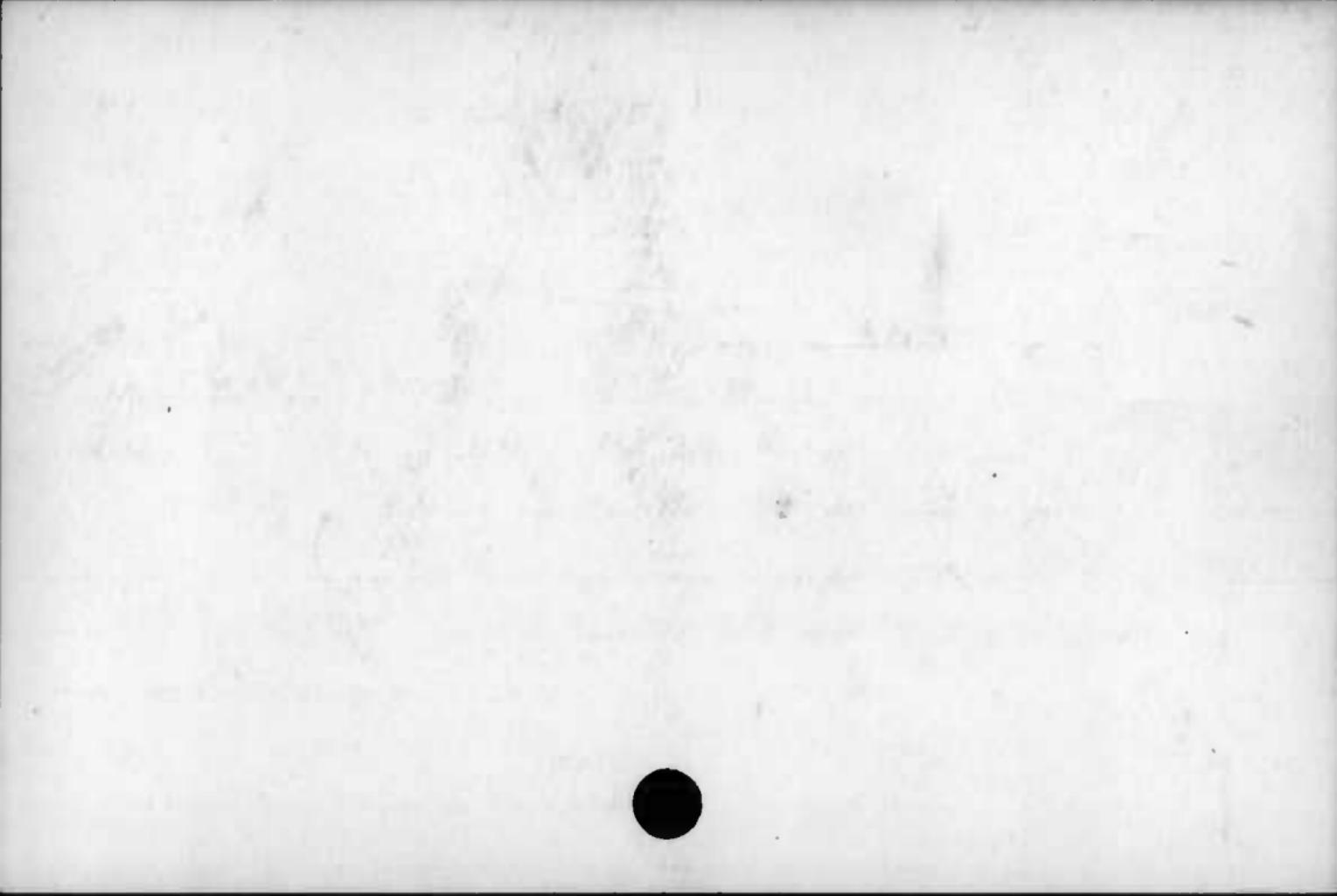
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

11/28/1909
Epidemic

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Katie O'Gondor

CERTIFICATE OF DEATH

MARYLAND

Died at Harrisville

County Frederick

Date of death 1909 Month Jan Day 10

Years 5 Months 10 Days 15

Sex Female

Color or Race

White

Birthplace Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Edward Gondor

Father's Birthplace

Md

Mother's
Maiden Name

Sarah Jane West

Mother's Birthplace

Md

Name of person giving
Information

Jacob Williar

How related
to deceased

Bro

CAUSES OF DEATH

93

How long

Primary

Pneumonia

How long

Immediate

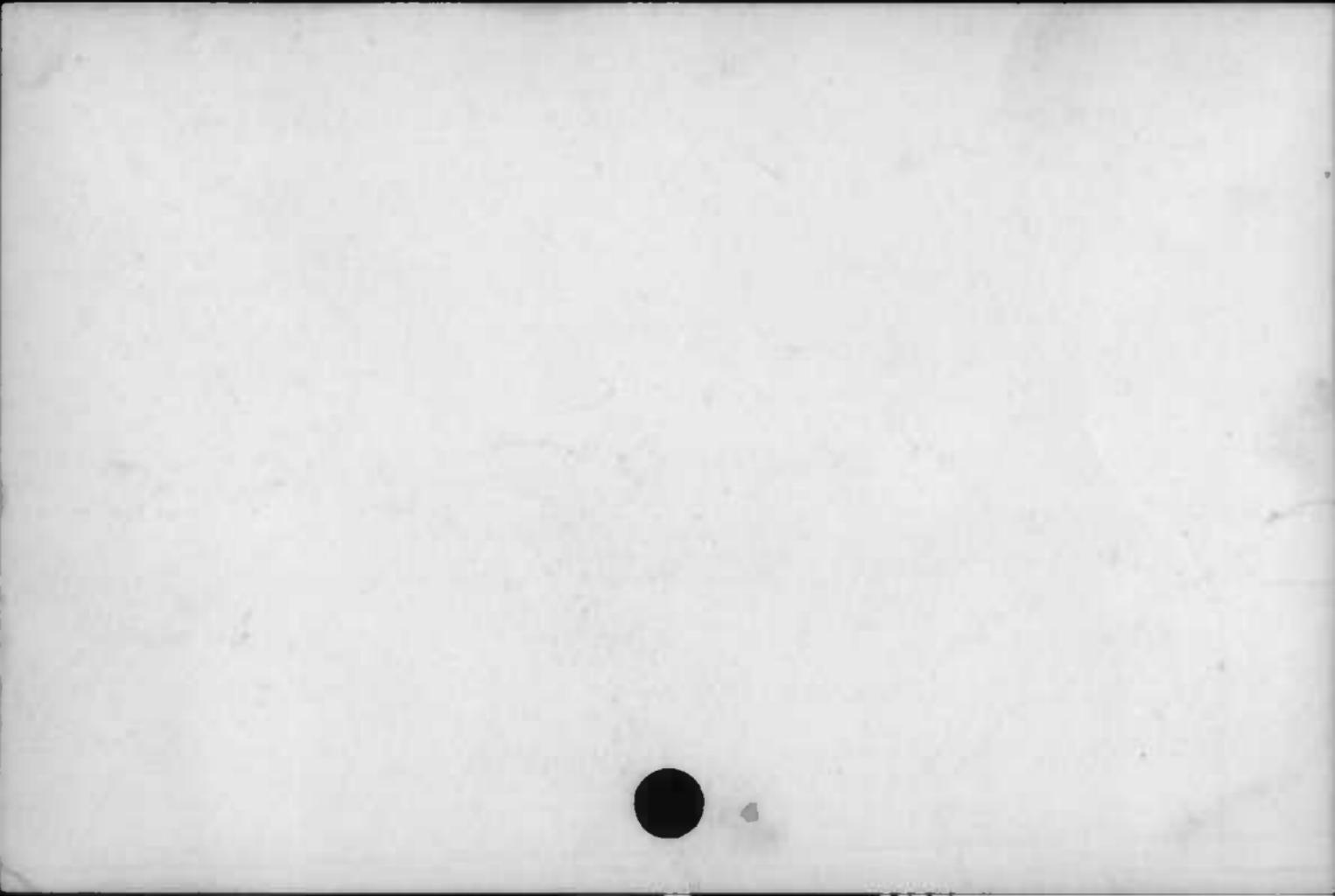
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

A. J. Cronk
Taylorsville,
Md.

Address

Accident or Suicide?



Name
in
Full

David L. Brauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died		Town	County	MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place		
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Mercier			
Father's Name	Eugad L. Brauer		Father's Birthplace	Frederick Co., Md.		
Mother's Maiden Name	Henrietta Kemp		Mother's Birthplace	Frederick Co., Md.		
Name of person giving information	Annie Brauer		How related to deceased	wife		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

"Indigestion"?

How long

3

Immediate

Apoplexy

How long

Sudden death

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Necedix, M.D.
Frederick, Md.

Accident or Suicide?

No.



Name
in
Full

Margaret Catherine Creager

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Liberty Month Day Year Month Days
Date of death 1909 Jan 29 71 3 11
Sex Female Color or Race White Birth-place Mt Pleasant
Occupation Housewife Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband Theodore Luther Creager
Father's Name Samuel Abraham Mesbaum Father's Birthplace Mt Pleasant
Mother's Maiden Name Mary Baumgardner Mother's Birthplace Mt Pleasant
Name of person giving Information Theodore Luther Creager How related to deceased Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

La Grippe

10

How long

Irish

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

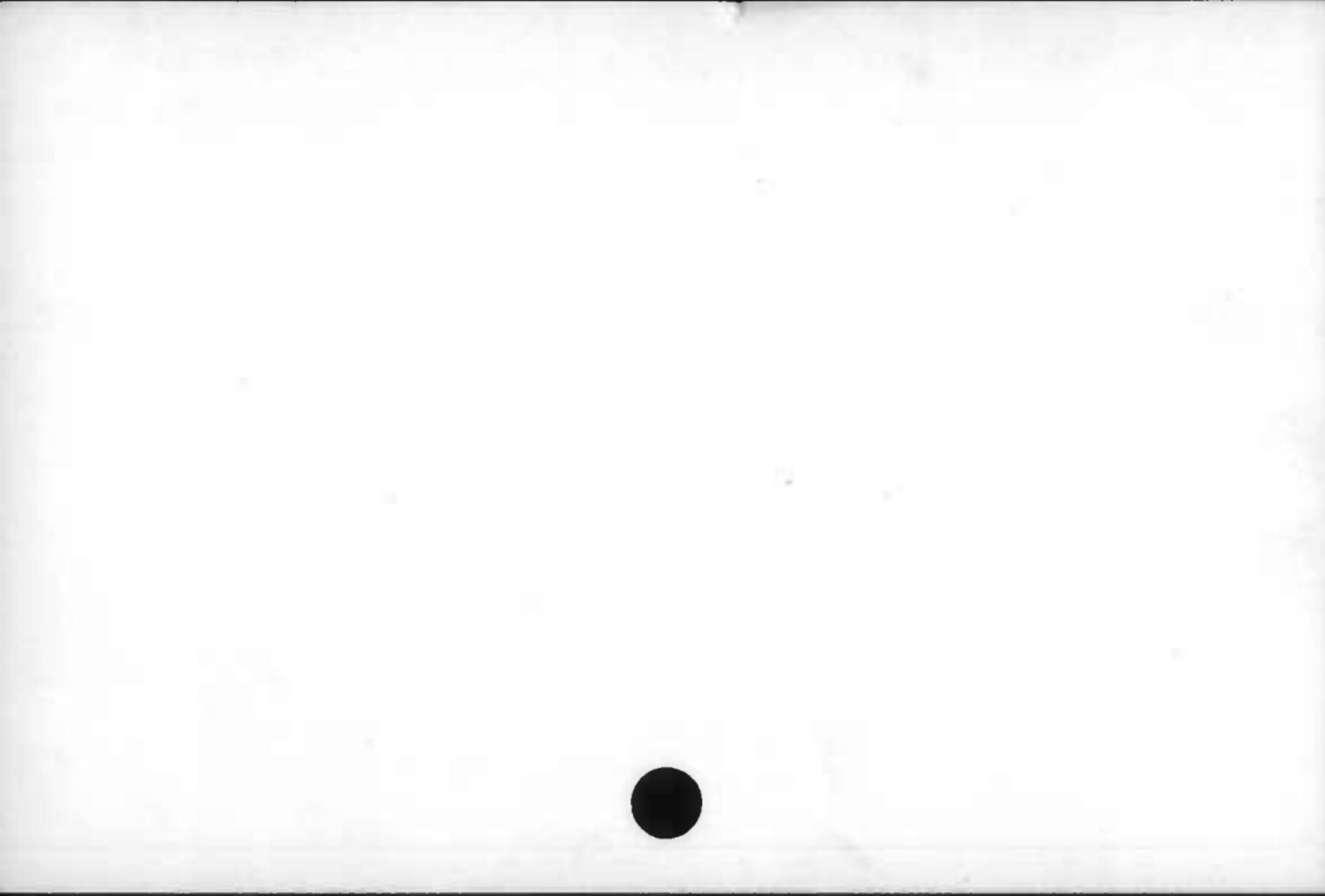
Yrs

Signature of
Physician

Address

Jas. C. Sappington
Libertytown
Maryland

Accident or Suicide



Name
in
Full

Mary E. Hade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

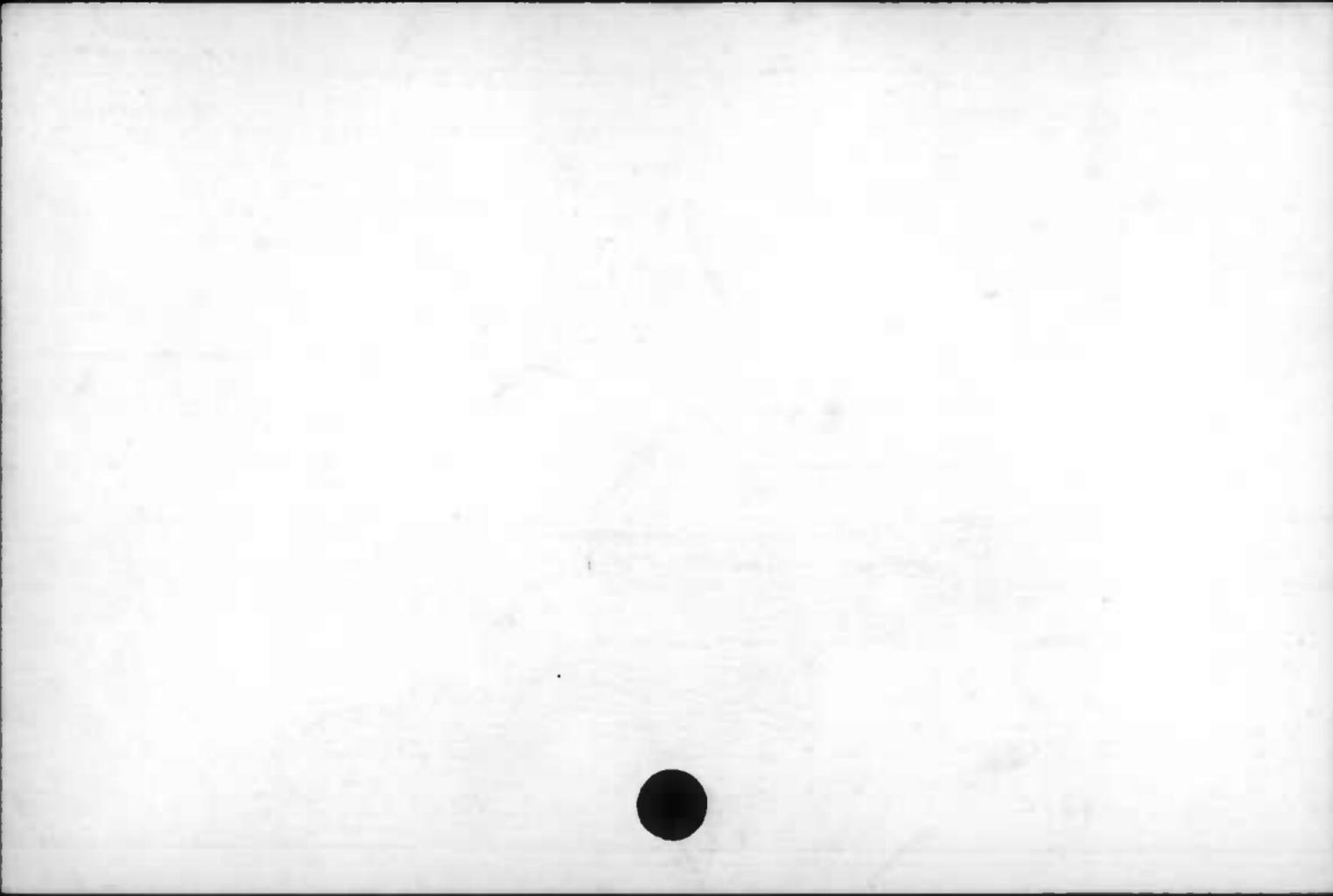
Died at		Town	County		MARYLAND	
Date of death	1909	Month 1	Day 24	Age 64	Years	Months
Sex	Female	Color or Race	Colored	Birth-place	Days	
Occupation	Cook		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband		Henry Hade		
Father's Name	Unknown		Father's Birthplace Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace Unknown			
Name of person giving Information	John Snodder		How related to deceased NO Relation			
CAUSES OF DEATH						
Primary	Pneumonia		93			
Immediate			How long 8 days			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Address			

Accident or Suicide

yes

Address

Sam Clapp
Petersville
and



Name
in
Full

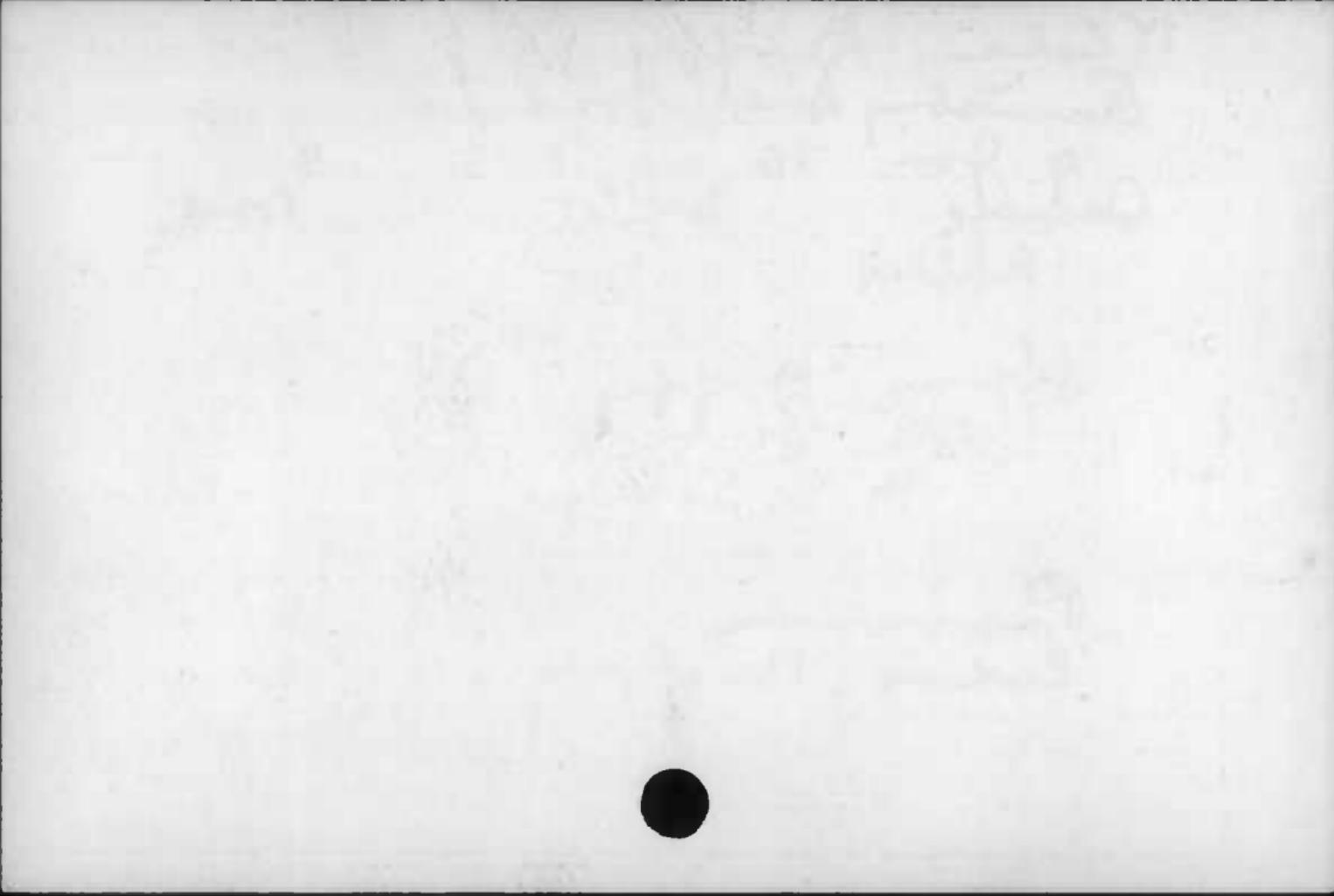
Ann E. J. Doll

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Jan	Day 11	Years 74	Months 11	Days 14
Sex	Female	Color or Race	White	Birth-place	Frederick	
Occupation	Invalid			Where Residing if not at place of death	Isaac J. Doll	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Isaac J. Doll			
Father's Name	Isaac Wilson			Father's Birthplace	Frederick	
Mother's Maiden Name	Elizabeth Bear			Mother's Birthplace	"	
Name of person giving information	Chas J. Doll			How related to deceased	Son.	
CAUSES OF DEATH						
Primary	Aphoplexy			64	How long	
Immediate	Paralysis of respiration			How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Address	
				J. J. Hendrix, M.D. Frederick, Md.		
Accident or Suicide?						



Name
in
Full

Nicole Duffy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Town	Emmitsburg Dist. Frederick			County	MARYLAND	
Died at	Month	Day	Years	Months	Days	
Date of death 1909	Jan.	26	1	4	—	
Sex Female	Color or Race	white			Birth-place	Md.
Occupation Shif	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Henry Duffy			Father's Birthplace	Md.	
Mother's Maiden Name	Hattie Turner			Mother's Birthplace	Md.	
Name of person giving information	M. D. Shupp			How related to deceased	Unrelated	

CAUSES OF DEATH

93

How long

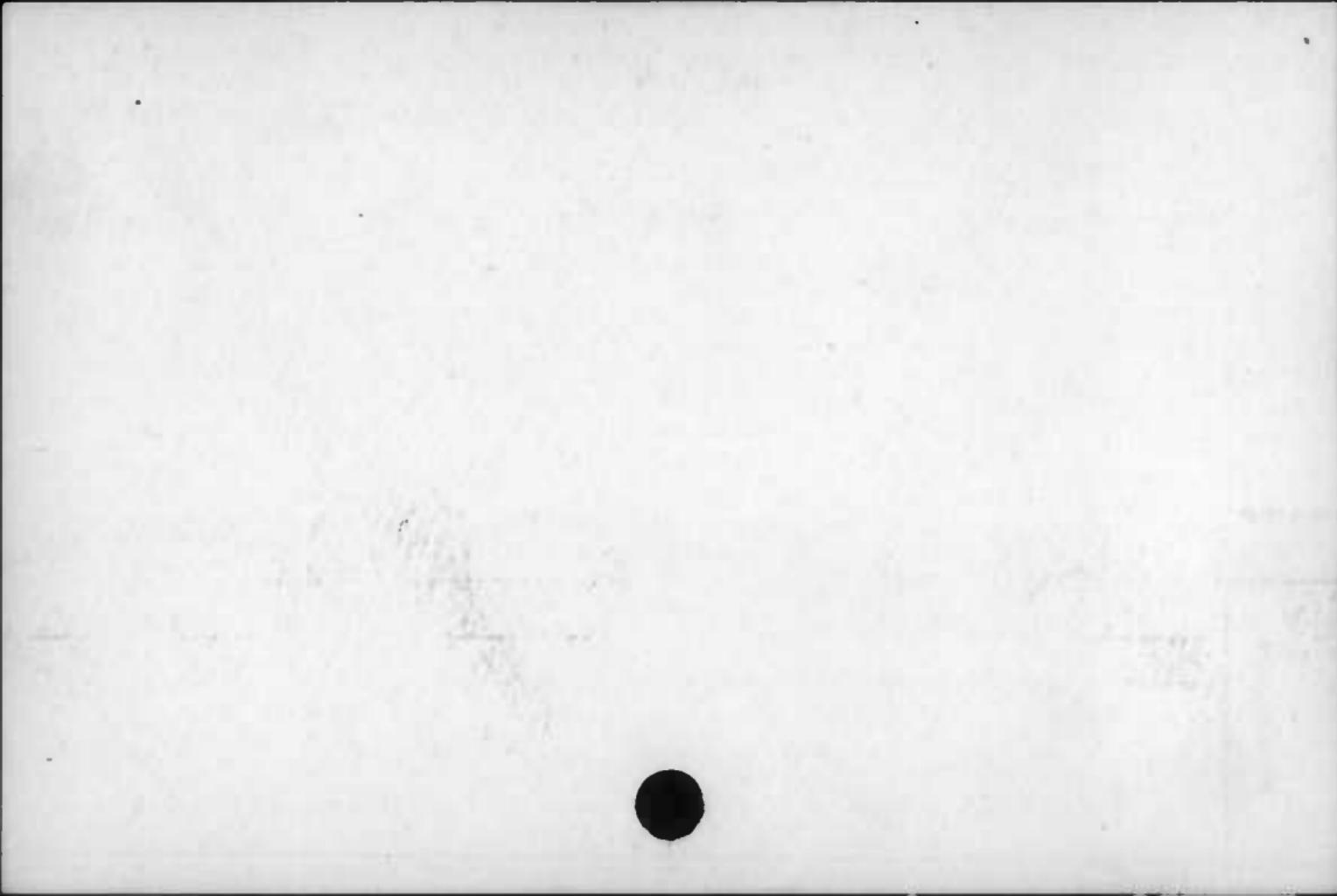
6 days

2 days

How long

B. D. Johnson
Emmitsburg
Md.

Primary	Pneumonia			How long	6 days
Immediate	Cardiac Paralysis			How long	2 days
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	B. D. Johnson
				Address	Emmitsburg Md.
Accident or Suicide?					



Name
in
Full

Jane Rebecca Ayer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Frederick		Frederick				
Date of death	1909	Month 1	Day 31	Age 82	Month 7	Days 27
Sax	Female	Color or Race	White	Birth-place	Frederick	
Occupation	House-Wife	Where Residing if not at place of death			Home	
Married, Single or Widowed	Married	Name of Wife or Husband	Edward H. Ayer			
Father's Name	Levi A. Duncan				Father's Birthplace	Frederick
Mother's Maiden Name	Martha Moberly.				Mother's Birthplace	" "
Name of person giving Information	Edw. H. Ayer				How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

154

How long

6 mos
24 hours

Dr. H. Hedges
Frederick

Accident or Suicide

no

Interment Feb 2 - 1909
" at Mt. Olivet Cemetery

Thomas P. Rice F.D.

Dr. Hedges

Dr McCurdy,

Name
in
Full

Susan Minerva Eiler

CERTIFICATE OF DEATH

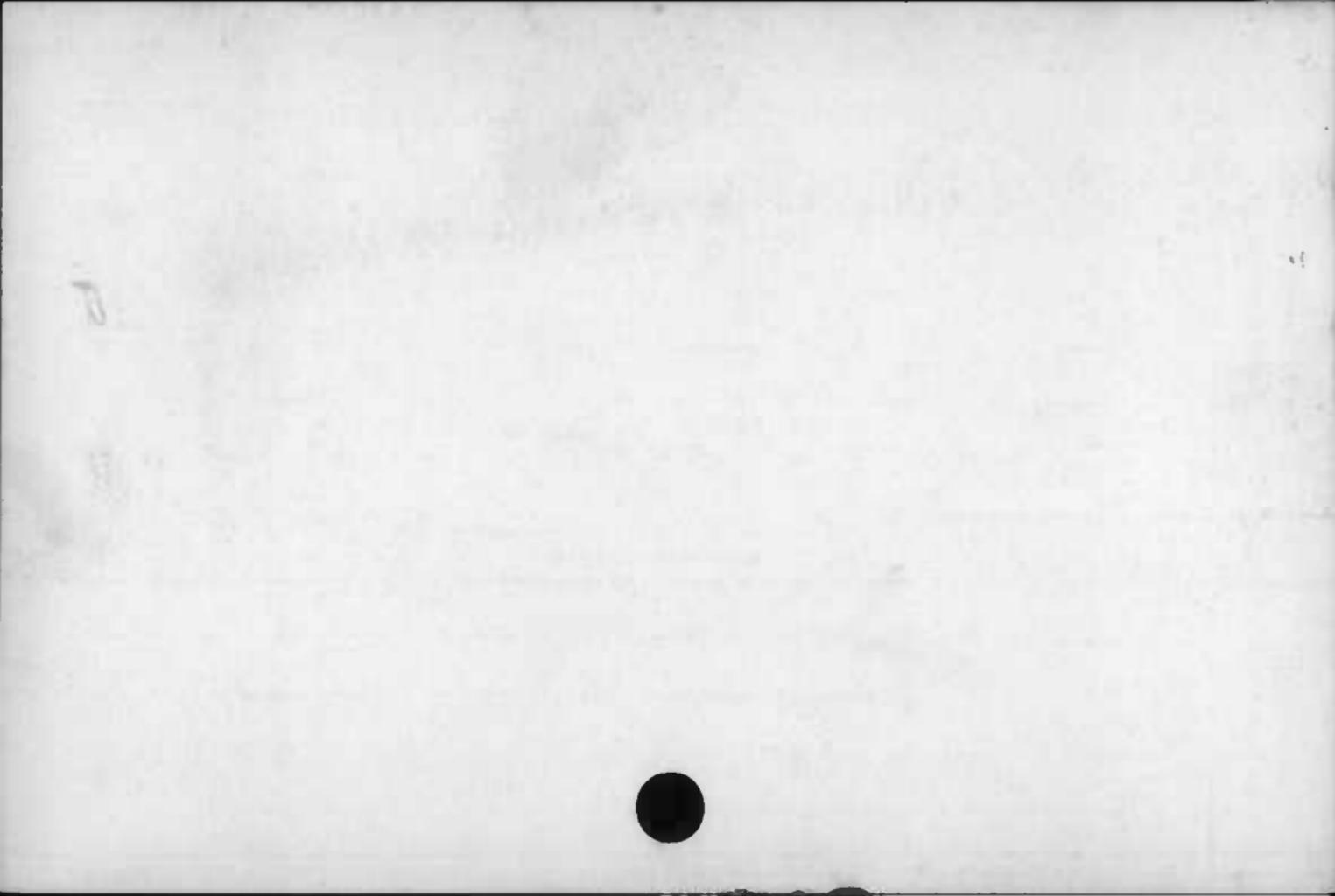
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Detour.</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>10</u>	Age <u>79</u>	Years <u>79</u>	Months <u>3</u>	Days <u>1</u>
Sex <u>Female.</u>	Color or Race <u>White</u>		Birth-place <u>Frederick Co. Md.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>at place of death</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Horatio Eiler</u>					
Father's Name <u>Henry Fogler</u>	Father's Birthplace <u>Frederick Co. Md.</u>					
Mother's Maiden Name <u>Elisabeth Eiler</u>	Mother's Birthplace <u>“ “ “</u>					
Name of person giving Information <u>Horatio Eiler</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Disease of heart & dropsy</u>	How long <u>79</u>
Immediate <u>Brachitis & heart failure</u>	How long <u>1 year</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C.N. Eiler</u>
	Address <u>Detour. Md -</u>
Accident or Suicide? <u>/</u>	



Name
in
Full

Nathan Addison Englar.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Johnsville		Fredricks.				
Date of death	1909	Month	Day	Years	Months	Days
1	1	1	31	59	3	
Sex	Male	Color or Race	White			
Occupation	Retired Farmer					
Married, Single or Widowed	Where Residing if not at place of death					
	Johnsville Md.					
Father's Name	Lee Annie Wolfe					
Mother's Maiden Name	Margant Rijger					
Name of person giving Information	G. W. Smith					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis Complicated by
Collapse

120

How long

Immediate

1 year -

How long

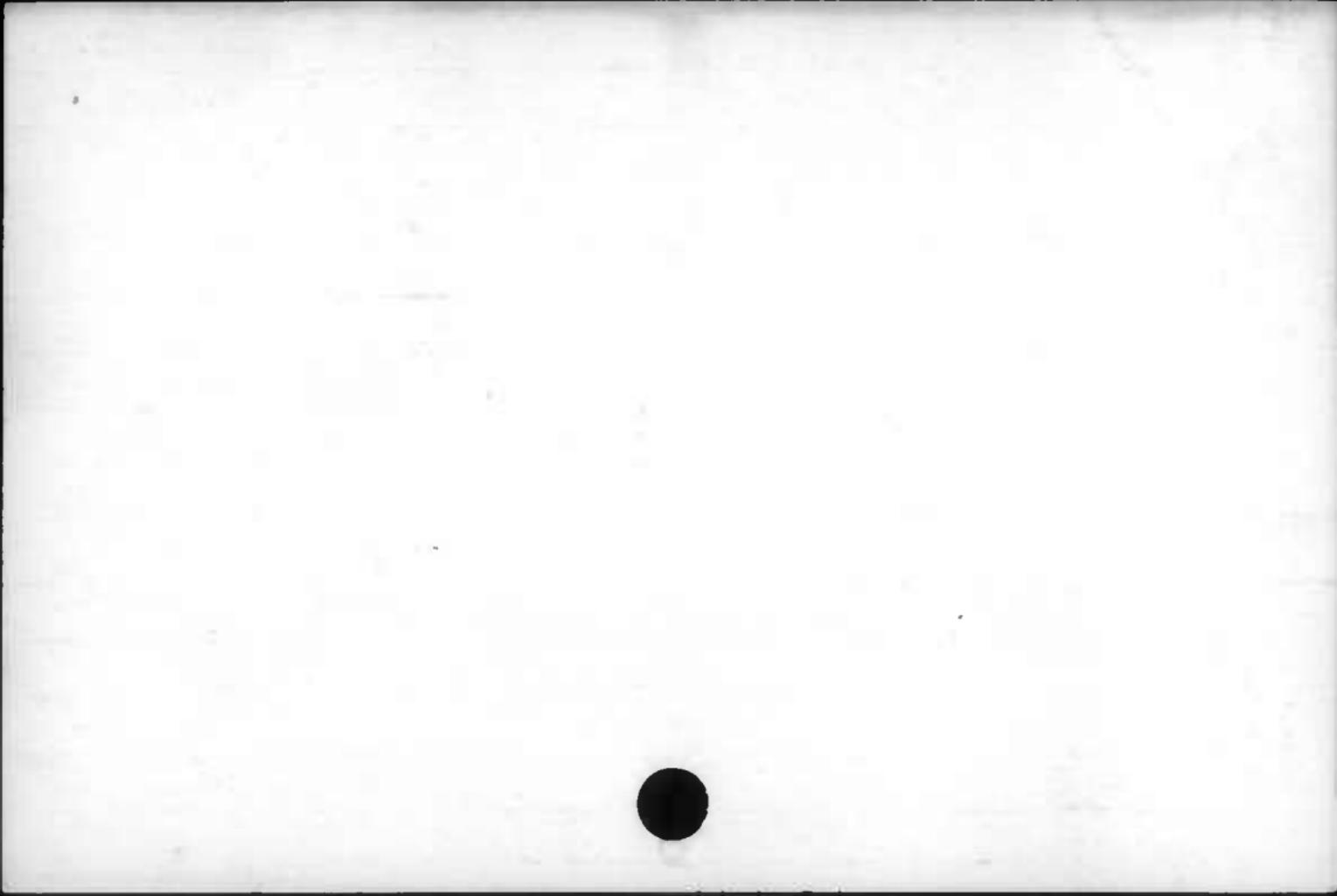
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James Watt.
Union Bridge

Accident or Suicide



Name
in
Full.

TO BE ANSWERED BY
NEAREST FRIEND

<h1>Henry H. Etzler</h1>				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Libertytown		Forsyth Co.				
Date of death	1909 Jan. 15	Month Day	Years	Months	Days	
Age	83					
Sex	Male	Color or Race	White	Birth-place	Libertytown	
Occupation	Laborer		Where Residing if not at place of death	"		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A. Etzler	Father's Birthplace	Unknown	
Father's Name	Daniel Etzler			Mother's Birthplace	Unknown	
Mother's Maiden Name	Katherine Smith			How related to deceased	Son	
Name of person giving information	John D. Etzler					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

La Grippe

10

How long

Immediate

La Grippe

How long

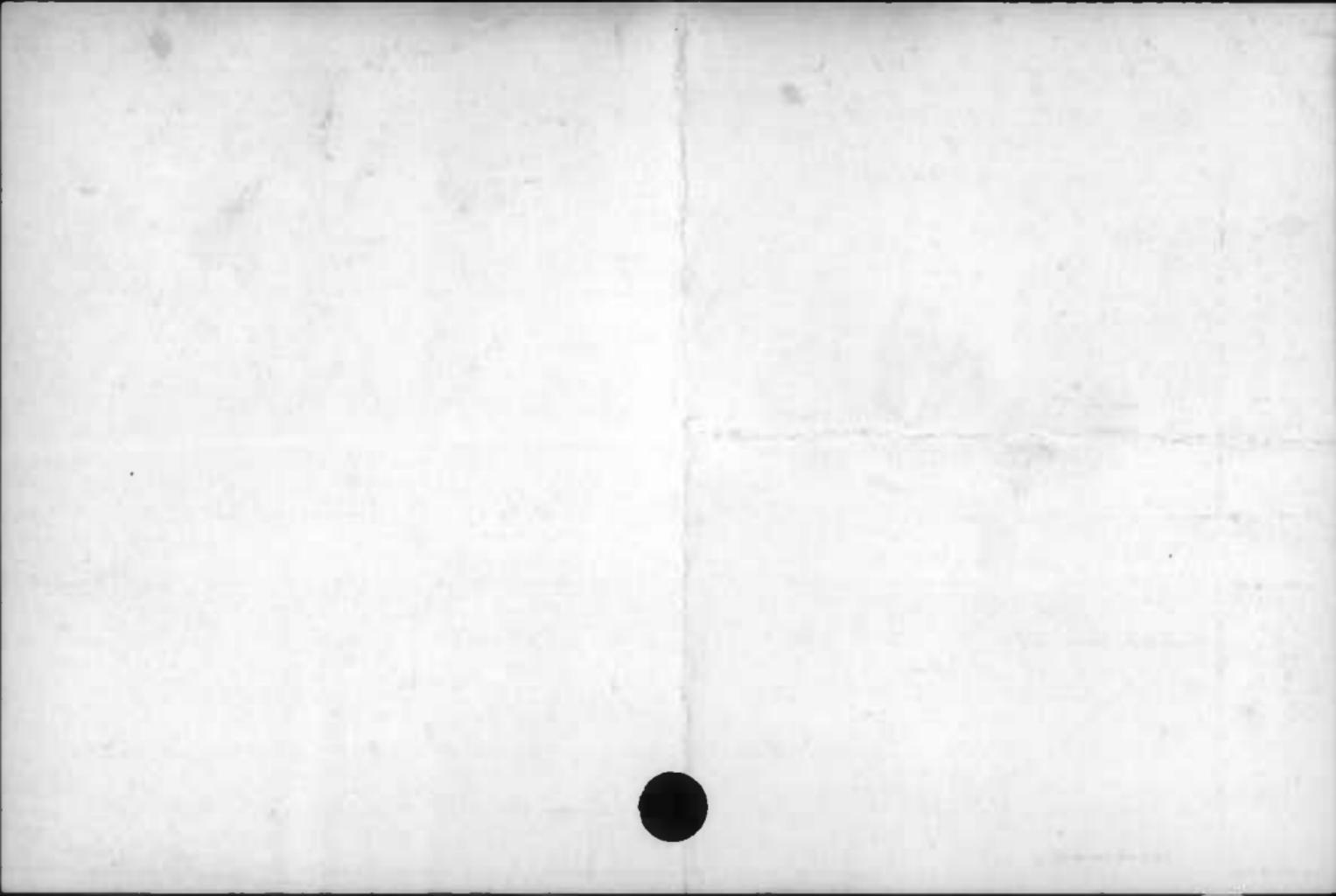
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Sra H. Beale
Libertytown
Md.

Answered or Searched?



Name
in
Full

Clarence W. Eyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Johnsville</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan.</u>	Day <u>1</u>	Years <u>11</u>	Age <u>11</u>	Months <u>6</u>	Days <u>9</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Where Residing if not at place of death		Birth-place <u>Maryland</u>	<u>11</u>	
Occupation <u>No occupation</u>	Name of Who or Husband <u>George B. Eyer</u>		Father's Name <u>George B. Eyer</u>		Father's Birthplace <u>Maryland</u>	
Married, Single or Widowed <u>Married</u>	Mother's Maiden Name <u>Gertie J. Sayler</u>		Mother's Name <u>Gertie J. Sayler</u>		Mother's Birthplace <u>"</u>	
Name of person giving Information <u>George B. Eyer</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

167

Primary Burns of the body
Burns of nearly the entire surface
How long about 4 hours

Immediate Shock and edema of the lungs
How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

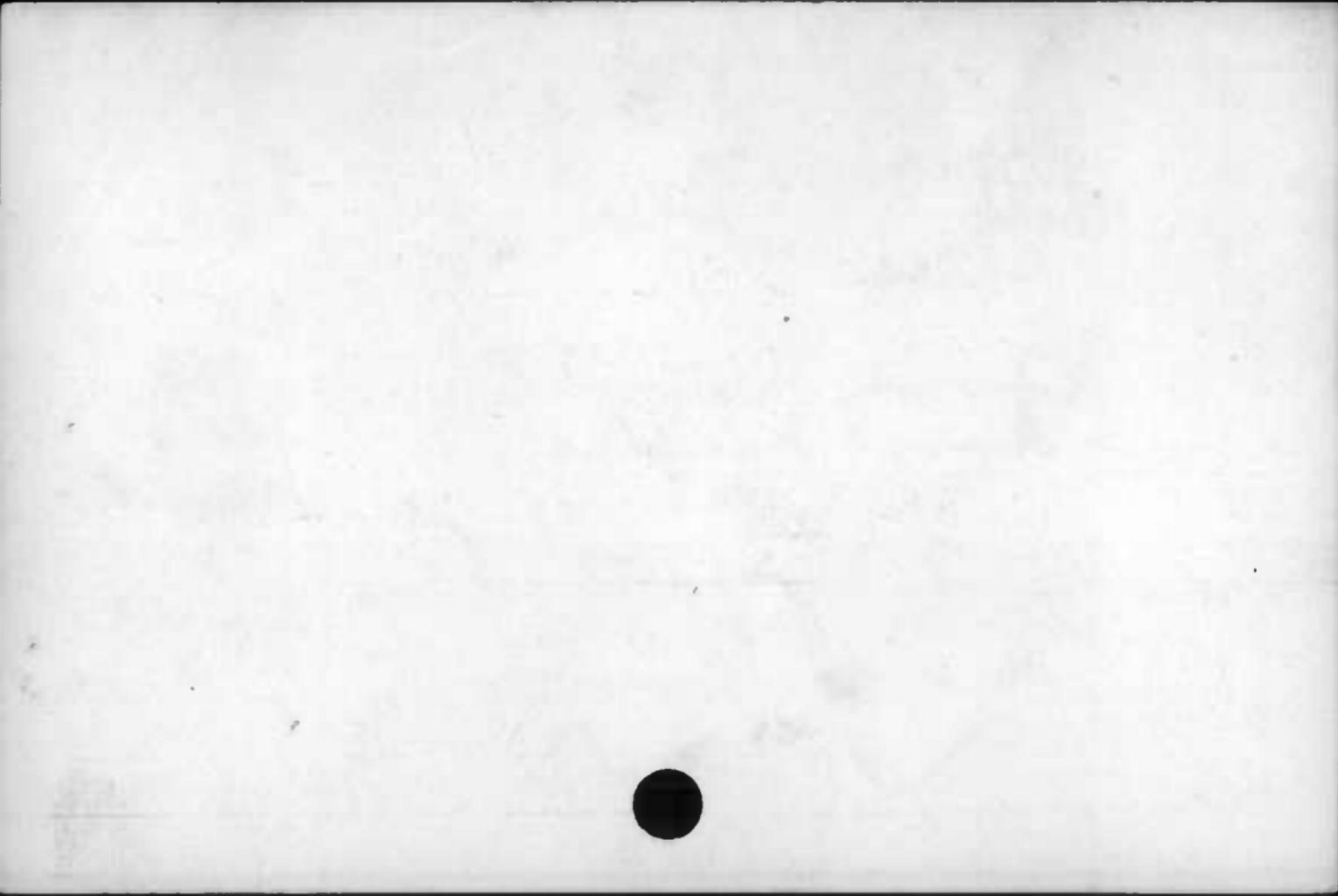
Signature of Physician

J. H. Silsby

Address

Johnsville, Md.

Accident _____



Name
in
Full

Sidney Fitzgerold

CERTIFICATE OF DEATH

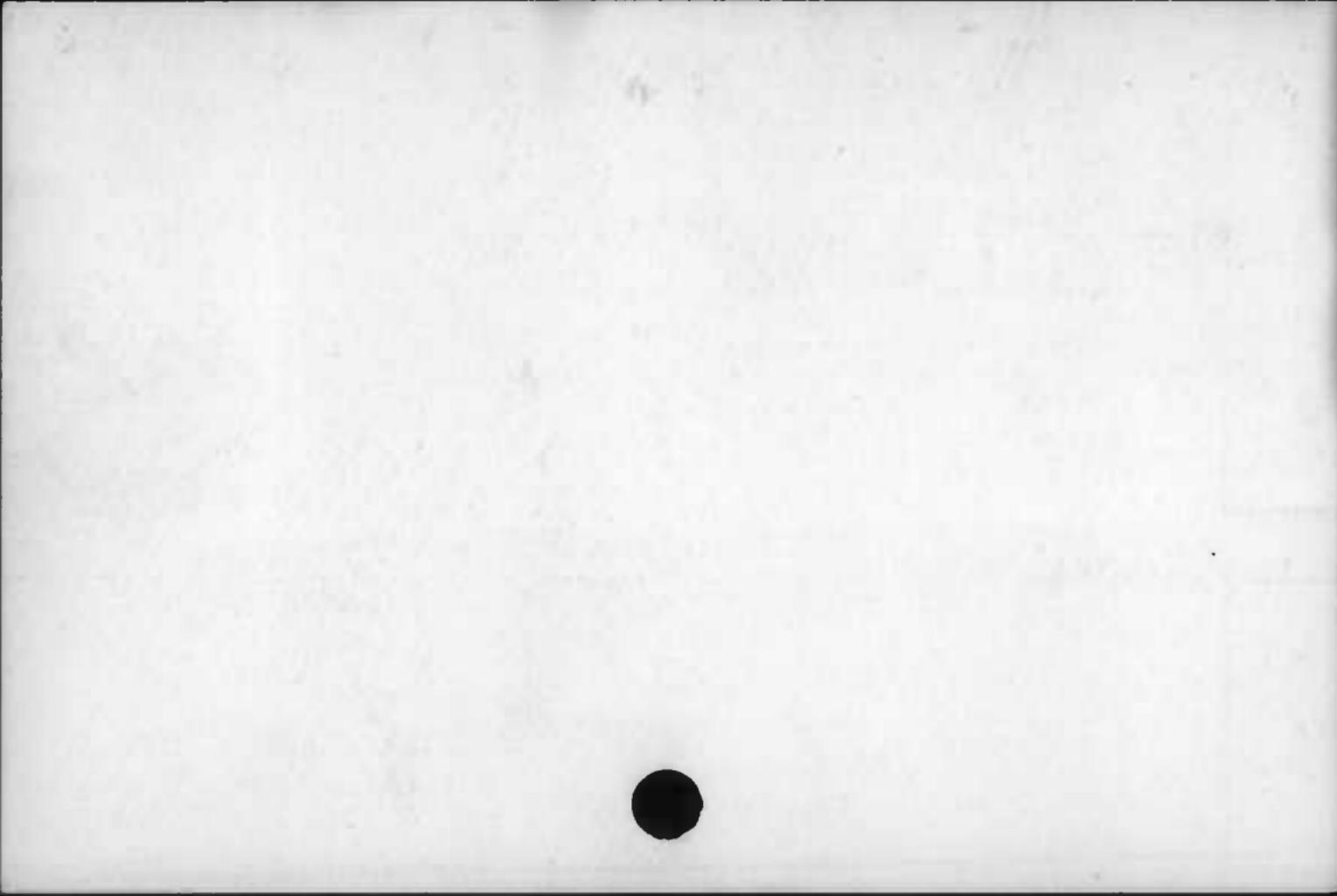
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Emmitsburg</u> Town		County <u>Frederick</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>Jan.</u>	Day <u>25</u>	Years <u>3</u>	Months <u>3</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>				
Occupation <u>Child</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Edward Fitzgerold</u>	Father's Birthplace <u>Md.</u>					
Mother's Maiden Name <u>Agnus Keepers</u>	Mother's Birthplace <u>Md.</u>					
Name of person giving information <u>Daniel Sweeney</u>	How related to deceased					<u>Undertaker</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Nephritis</u>	How long <u>119</u>
Immediate <u>Uraemic Convulsions</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. J. Jamison</u> Address <u>Emmitsburg</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

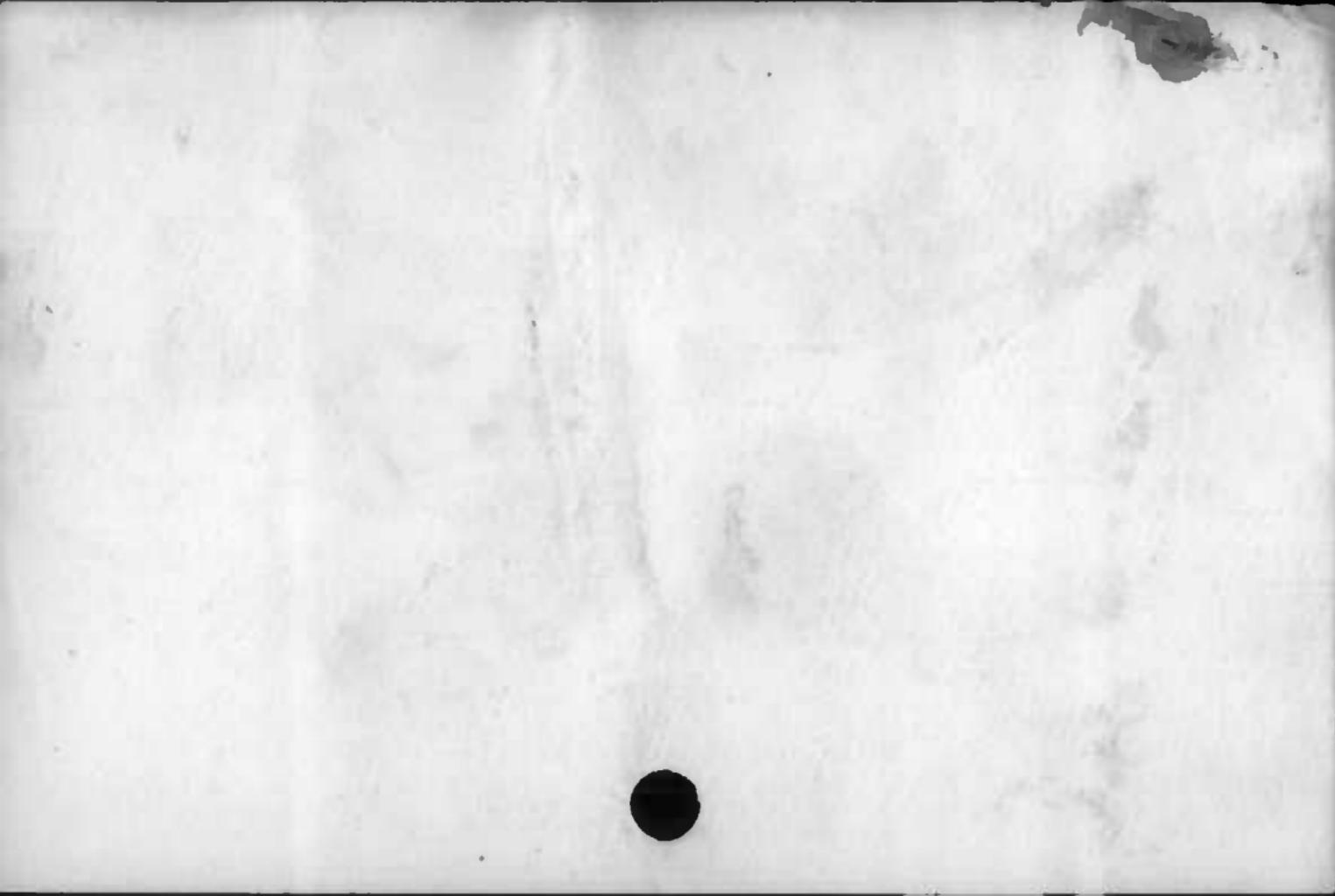
(Fry, Phoebe Ann)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Hanover</u>		Town <u>Hanover</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>27</u>	Age <u>71</u>	Years	Months <u>4</u>	Days <u>10</u>	
Sex <u>Female</u>	Color or Race <u>Caucasian</u>	Birth-place <u>Frederick County</u>					
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>✓</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm Fry</u>						
Father's Name <u>Jacob Stull</u>	Father's Birthplace <u>Frederick</u>						
Mother's Maiden Name <u>Polly Measel</u>	Mother's Birthplace <u>"</u>						
Name of person giving Information <u>OpSmith</u>	How related to deceased <u>Neighbor</u>						
CAUSES OF DEATH							
Primary	<u>General debility</u>						How long <u>12 weeks</u>
Immediate	<u>Asthma</u>						How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician		<u>Dr. Fahrney</u>	
				Address		<u>Frederick</u>	

Accident or Suicide? ✓



Name
in
Full

William H. Foyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1909	Month Jan.	Day 15	Year 56	Month Days
Sex	Male	Color or Race	Color	Birth-place	Virginia
Occupation	勞工 (Laborer)	Where Residing if not at place of death			Same
Married, Single or Widowed	Married	Name of Wife or Husband		Charlotte.	
Father's Name	Thornton Foyle		Father's Birthplace	Virginia	
Mother's Maiden Name	Ann Weblock		Mother's Birthplace	18 15	
Name of person giving Information	Edward G. Foyle		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dilatant Pneumonia

Immediate

Cardiac Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

U. G. Boerner M.D.
Frederick, Md

Accident or Suicide

93

How long

7 days

How long

Interment Jan 18-09
" at Greenmount Cem.

Thomas P. Rice F.D.

Dr W. G. Boucque

Dr McCurdy,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah A. Geisinger

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Frederick

Frederick

Date of death 1909	Month 1	Day 29	Years Age 49	Months 9	Days 3
--------------------	---------	--------	--------------	----------	--------

Sex Female

Color or Race White

Birth-place Frederick Md

Occupation

House Wife

Where Residing if not at place of death

Same

Married, Single or Widowed

Married

Name of Wife or Husband

Thomas E. Geisinger

Father's Birthplace

Frederick Md

Father's Name

John Morgan

Mother's Maiden Name

Rachel Cutsail

Mother's Birthplace

Name of person giving Information

Thos. E. Geisinger

How related to deceased

Husband

CAUSES OF DEATH

Primary

Operation for adhesion

113

How long

24 hours

Immediate

and gall stone,
Shock surgical

How long

4 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. H. Hedges
Frederick

Accident or Suicide

Sortiment Feb 1 - 1909
" at Mt Olivet Sem.

Thomas P. Rice F.A.S.

Dr Hedges

Dr McCurdy

Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

Mrs. Anna Hetterly

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Berkley Spring ^{W. Va}	
Occupation	Housewife		Where Residing if not at place of death	Thurmont Md.		
Married, Single or Widowed	Married	Name of Wife or Husband	Mr. Harry Hetterly			
Father's Name	Henry Wheat		Father's Birthplace	Mr. Known		
Mother's Maiden Name	not Known		Mother's Birthplace	Anthony		
Name of person giving information	Mrs. Harry Hetterly		How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burn (2/3 body surface involved)

Immediate

Shock

Are the name, age, sex, color, date and place correctly given above?

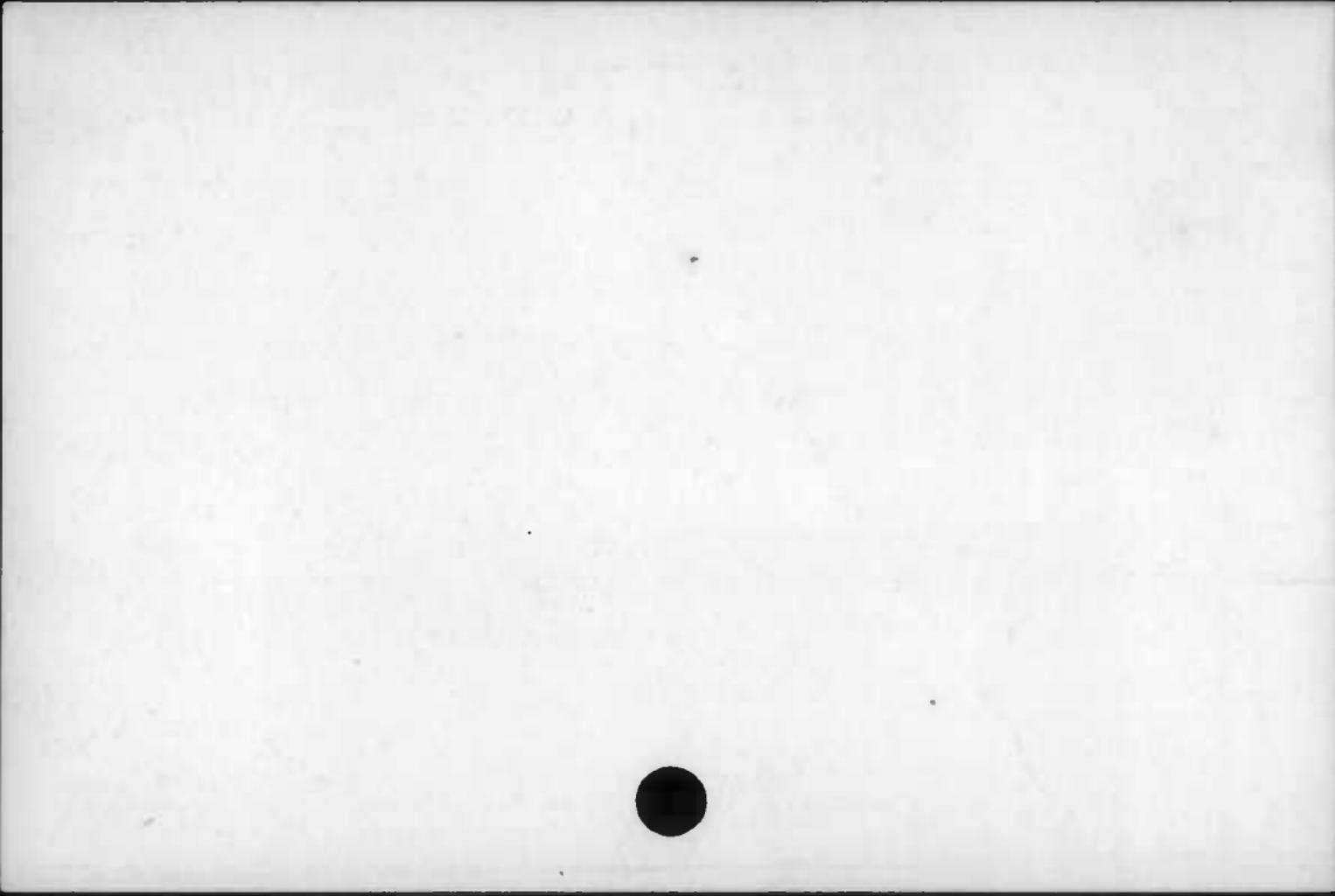
Signature of Physician

J. S. Haywood

Address

17 Grand St

Accident or Suicide?



Name
in
Full

William Oliver Hildibrand

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Charlottesville

County

Ford Co.

MARYLAND

Date
of death

1909

Month

Jan.

Day

27th

Years

76

Months

11

Days

213

Sex

Male

Color or
Race

White

Birth-
place

Ford Co.

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
~~or~~ Widowed

Name of Wife or
~~Husband~~

Dairie

Father's
Name

Daniel Hildibrand

Father's
Birthplace

Ford Co.

Mother's
Maiden Name

Julia Smith

Mother's
Birthplace

" "

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

154

Primary

How long

Immediate

How long

General Debility

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

E. D. Neighbr
Leviston
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

127

Name
in
Full

Matilda Hilliard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Burkittsville		Town	County	MARYLAND	
Date of death	1909	Month Jan.	Day 29	Years 81	Months 1
Sex Female	Color or Race White			Birth-place Fred. Co Ind.	Days 0
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Widow	Name of Wife or Husband David Hilliard				
Father's Name Philip Karn			Father's Birthplace Fred. Co Ind.		
Mother's Maiden Name Barbery Abrecht			Mother's Birthplace Unknown		
Name of person giving Information John Hilliard			How related to deceased Son		

CAUSES OF DEATH

66

How long

8 yrs

How long

Indefinite

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. J. Miller

Burkittsville Ind.

Accident or Suicide?



Name
in
Full

Lewis W. Hopewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Jan.	Day 20	Years 53	2 Months	20 Days	
Sex	Male	Color or Race	Colored		Birth-place	Fred. Co.	
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Hopewell		Father's Birthplace	Fred. Co.	
Father's Name	Lewis Hopewell		Mother's Birthplace			" "	
Mother's Maiden Name	Charity Hopewell		How related to deceased			Wife	
Name of person giving Information	Sarah Hopewell						

CAUSES OF DEATH

93

How long

6 days

How long

3 hrs

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

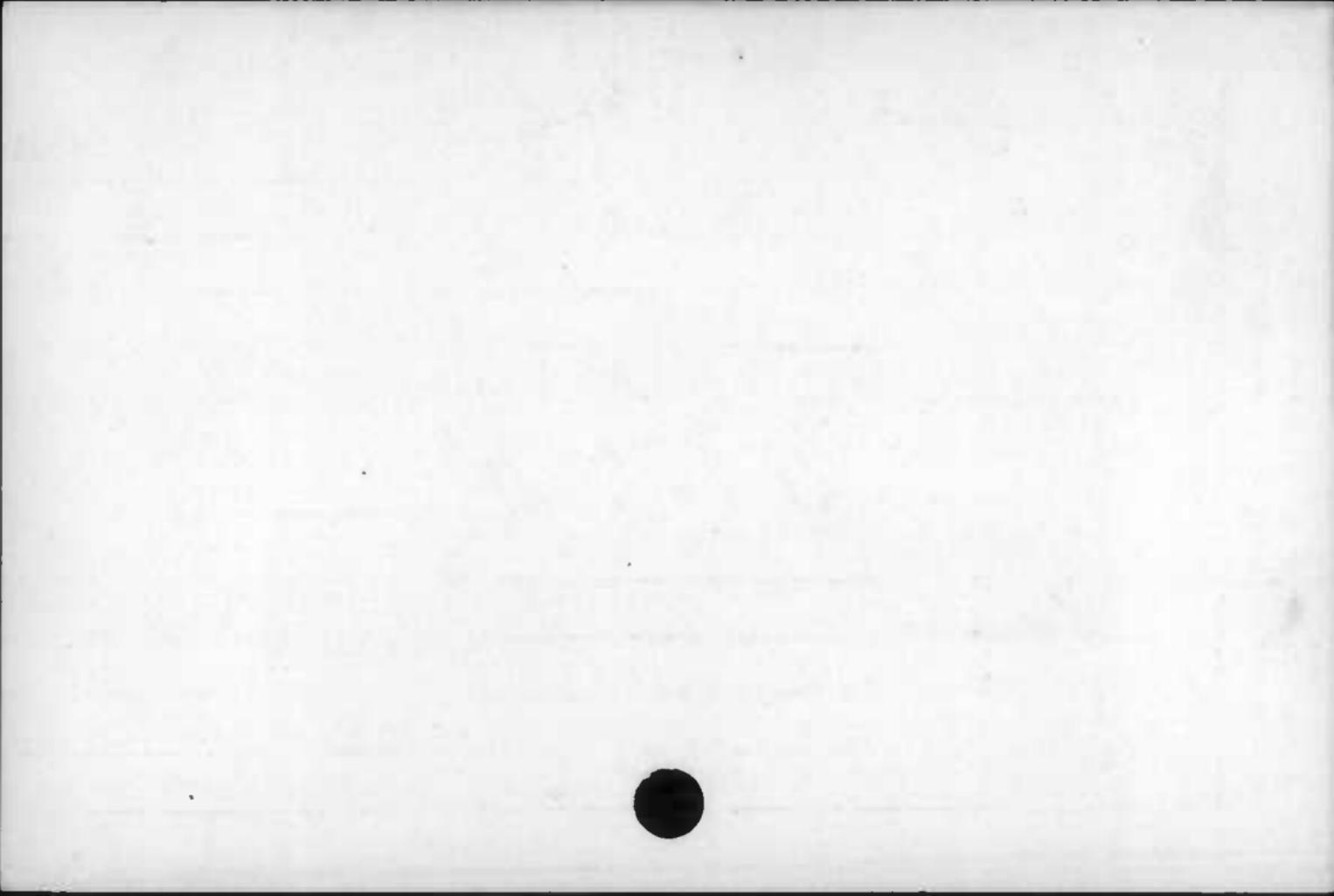
Signature of Physician

by

Address

Exon Fowler
Beaumont
Beaumont
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John Jureicks

Town

County

Died at

Neas Jureicks

Jureicks

MARYLAND

Date
of death

1909

Month

1

Day

12

Years

40

Months

—

Days

—

Age

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

Cabover

Where Residing if not
at place of death

Adamstown Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Jureicks

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

—

Name of person giving
Information

Asst. Mountain Hospit

How related
to deceased

None

CAUSES OF DEATH

69

Primary

Idiopathic Epilepsy
Convulsions, Extension

How long

Indefinite

Immediate

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

U. G. Bourne M.D.
Frederick, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Jan 13 - 09
" at St Johns Cem -
Thomas P. Rice F. d.

Bourne
Dr Fyson
Dr Goodell
Dr McCurdy,

Catherine Kelly.

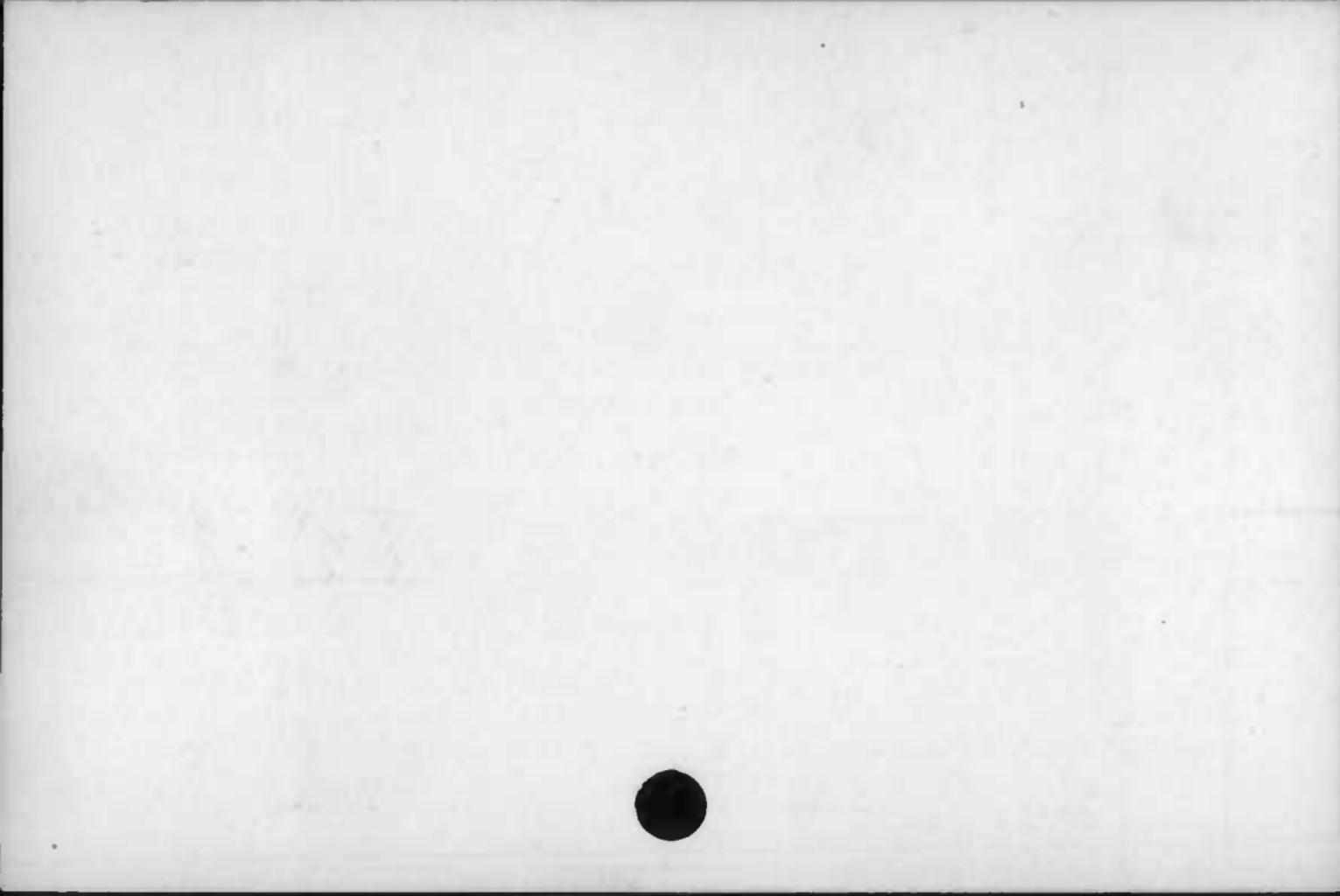
CERTIFICATE OF DEATH

Died at <u>Eminitsburg</u> Town <u>Frederick</u> County				MARYLAND		
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>27</u>	Age <u>78</u>	Years	Months <u>11</u>	Days <u>24</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Ireland</u>		
Occupation <u>Sister of Charity Religious</u>	Where Residing if not place of death <u>=</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Dennis Kelly</u>				Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Julia Harry</u>				Mother's Birthplace <u>"</u>		
Name of person giving information <u>Fr. Benedictine Ondorf-</u>				How related to deceased <u>none</u>		

CAUSES OF DEATH

104

Primary <u>Chronic Gastritis and Ateros.</u>	How long <u>Three years</u>
Immediate <u>Hypertrophy of the Heart.</u>	How long <u>Three months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John B. Brown, D.D.</u> Address <u>Eminitsburg, Md.</u>
Accident or Suicide?	



Anne S Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	1	25	Age 70		16	
Sex	Female	Color or Race	White	Birth-place	Frederick County	
Occupation	Retired Invalid in bed 3 yrs					
Where Residing if not at place of death	Frederick					
Married, Single or Widowed	Married	Name of Wife or Husband	Chas Lane			
Father's Name	Henry James					
Mother's Maiden Name	Mary Lane					
Name of person giving information	Chas Lane					
CAUSES OF DEATH						
Primary	Chronic Bronchitis					
How long	10 years					
Immediate	Carcinoma of Bladder					
How long	3 mos					
Are the name, age, sex, color, date and place correctly given above?						
Signature of Physician						
Address						

45

Y

6. F. Goodell, M.D.
Frederick, Md

22

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Baltimore		Baltimore					
Date of death 190	Month	Day	Years	Months	Days		
9 Jan	25		24	10	8		
Sex	Male	Color or Race	white	Birth-place	W. Va.		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	W. Va.	
Father's Name	Frankle McBee						
Mother's Maiden Name	Mary C. Allen			Mother's Birthplace	W. Va.		
Name of person giving information	O. Allen			How related to deceased	grandfather		

CAUSES OF DEATH

27

Primary Tuberculosis of Lungs How long 1 year
Immediate General Exhaustion How long —

PHYSICIAN
OR CORONER

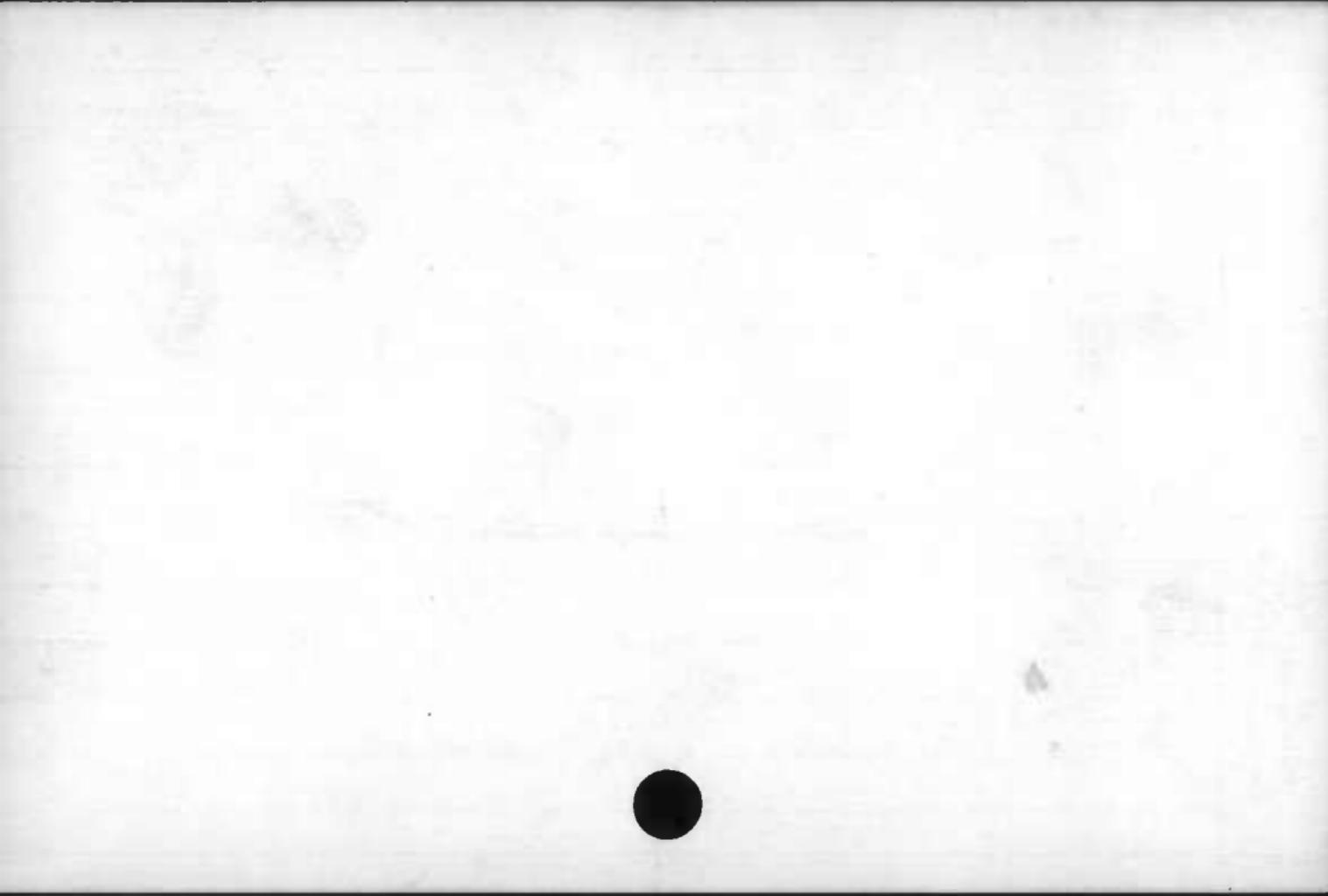
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address


C. W. R. L. M.
Baltimore, Md.

Accident or Suicide



Name
in
Full

J. W. Mc Knight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>City Hotel</u> <u>Baltimore</u>		Town	County	MARYLAND		
Date of death <u>1909</u>	Month <u>1</u>	Day <u>17</u>	Age <u>49</u> ^{abt} Years	Months <u>x</u>	Days <u>1</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Baltimore</u>		
Occupation <u>Traveling man for steam appliances</u>	Where Residing if not at place of death <u>Philadelphia</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Unknown</u>	Philadelphia from Unknown		<u>1428-35 Callowhill St</u>		
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Information derived from papers on his person</u>		How related to deceased <u>x</u>				
CAUSES OF DEATH				64		

Primary Stroke
Immediate Apoplexy
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Franklin Buchanan
Address 1428-35 Callowhill St
How long 64
PHYSICIAN OR CORONER
Comments Stroke
but no inquest as
Accident or Suicide? No
Cause of death was certainly due to natural causes



Dallas Miller

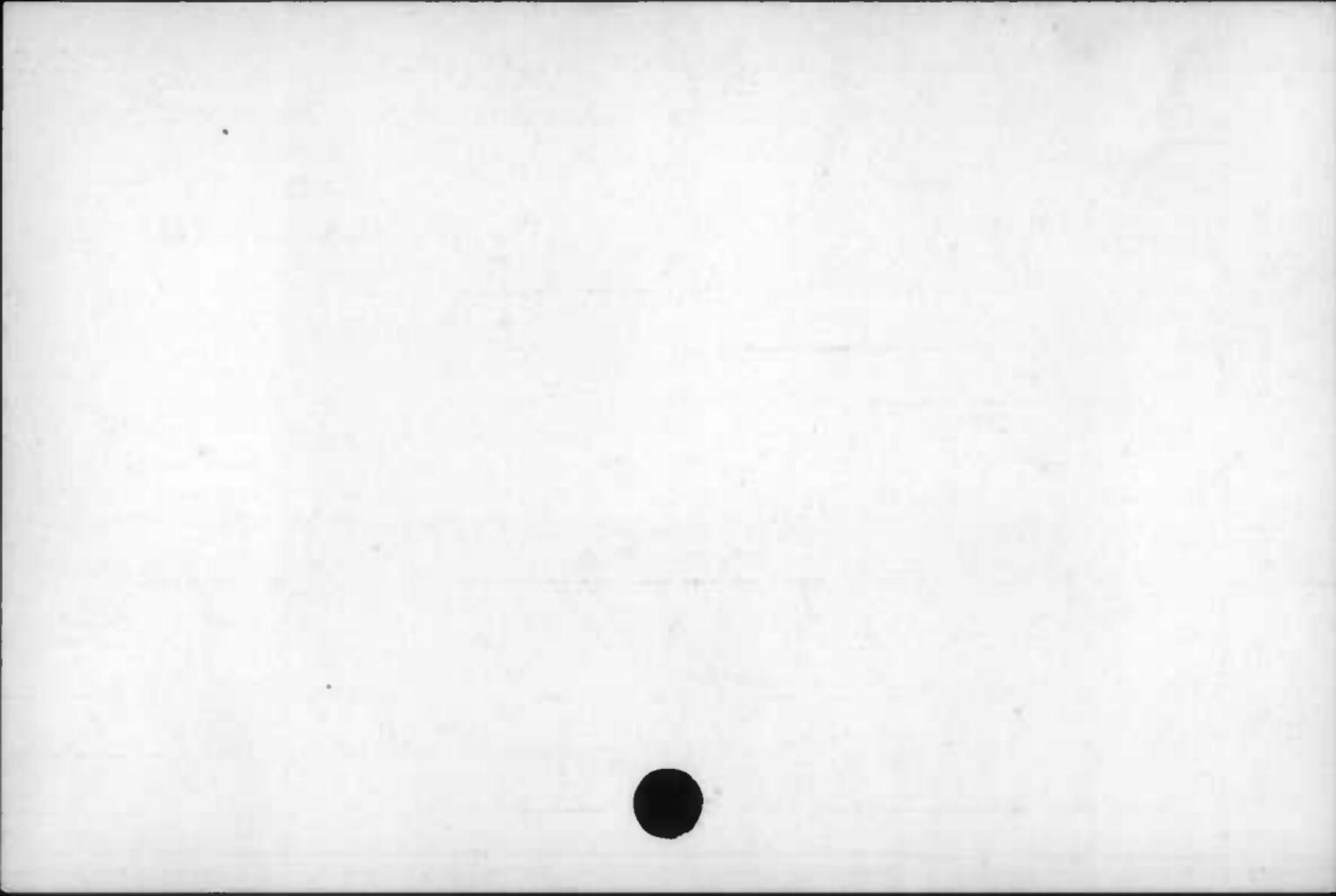
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Mountevue	Bedford				
Date of death	Month	Day	Years	Months	Days
1909	Jan	15	13	X	X
Sex	Male	Color or Race	Black	Birth-place	Ind
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	X		
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown		
Name of person giving Information	Nicholas Passaway	How related to deceased	None		

CAUSES OF DEATH

Primary	Chronic Bright's Disease		How long	Several years
Immediate	General Eclampsia		How long	Several months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	U. G. Brown M.D.	
near as could be ascertained		Address	Bedford, Md	
Accident or Suicide?	X			



Name
in
Full

Susan Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 6000th Street		County Franklin	MARYLAND	
Date of death 1909 Jan 30	Month Jan	Day 30	Years 47	Months 9
Sex Female	Color or Race White	Days 15		
Occupation Housewife	Where Residing if not at place of death Charles Miller			
Married, Single or Widowed	Name of Wife or Husband Charles Miller	Father's Birthplace Orland		
Father's Name Richard Kelly	Mother's Birthplace " "			
Mother's Maiden Name Mary Elliott	How related to deceased 79			
Name of person giving Information Mary Elliott	Time of death 79			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

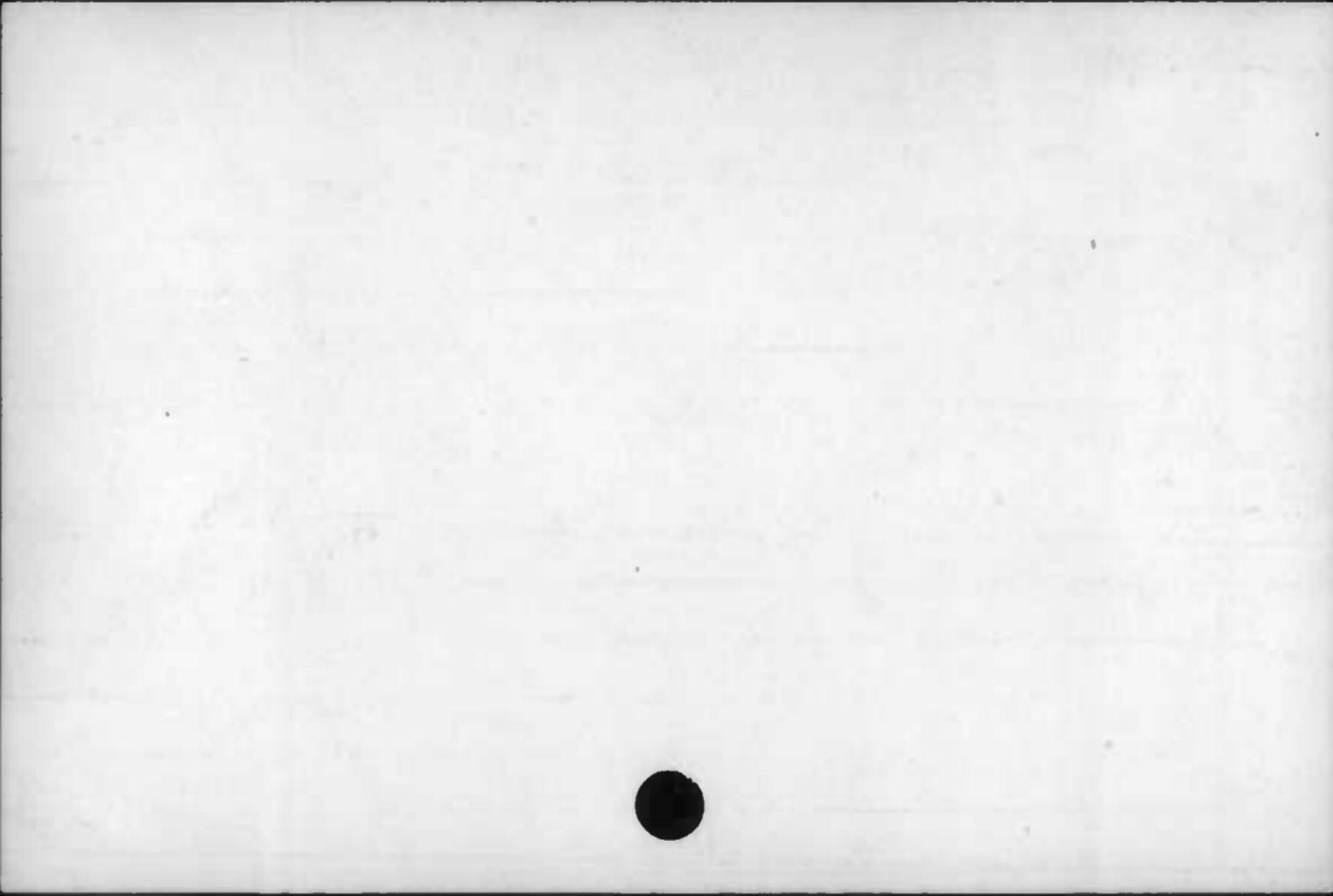
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician
E. D. Neighbors

Address
Levinston
Md.

Accident or Suicide?



Name
in
Full

Mary Louise Null

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Johnsville		FRED. K			
Date of death	Month	Day	Age	Years	Months	Days
909	1	31	73	73	8	6
Sex	Female		Color or Race		Libertytown	
Occupation	Retired housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband		George Null	
Father's Name	Basil Suradue		Father's Birthplace		Libertytown	
Mother's Maiden Name	Susanna Colleberry		Mother's Birthplace		Libertytown	
Name of person giving information	Elizabeth Suradue		How related to deceased		Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

66

How long

4 yrs & 6 mos

Immediate

Paralysis

7 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dra. H. Beall,
Libertytown

Accident or Suicide?



Name
in
Full

Martha Theresa Parker.

CERTIFICATE OF DEATH

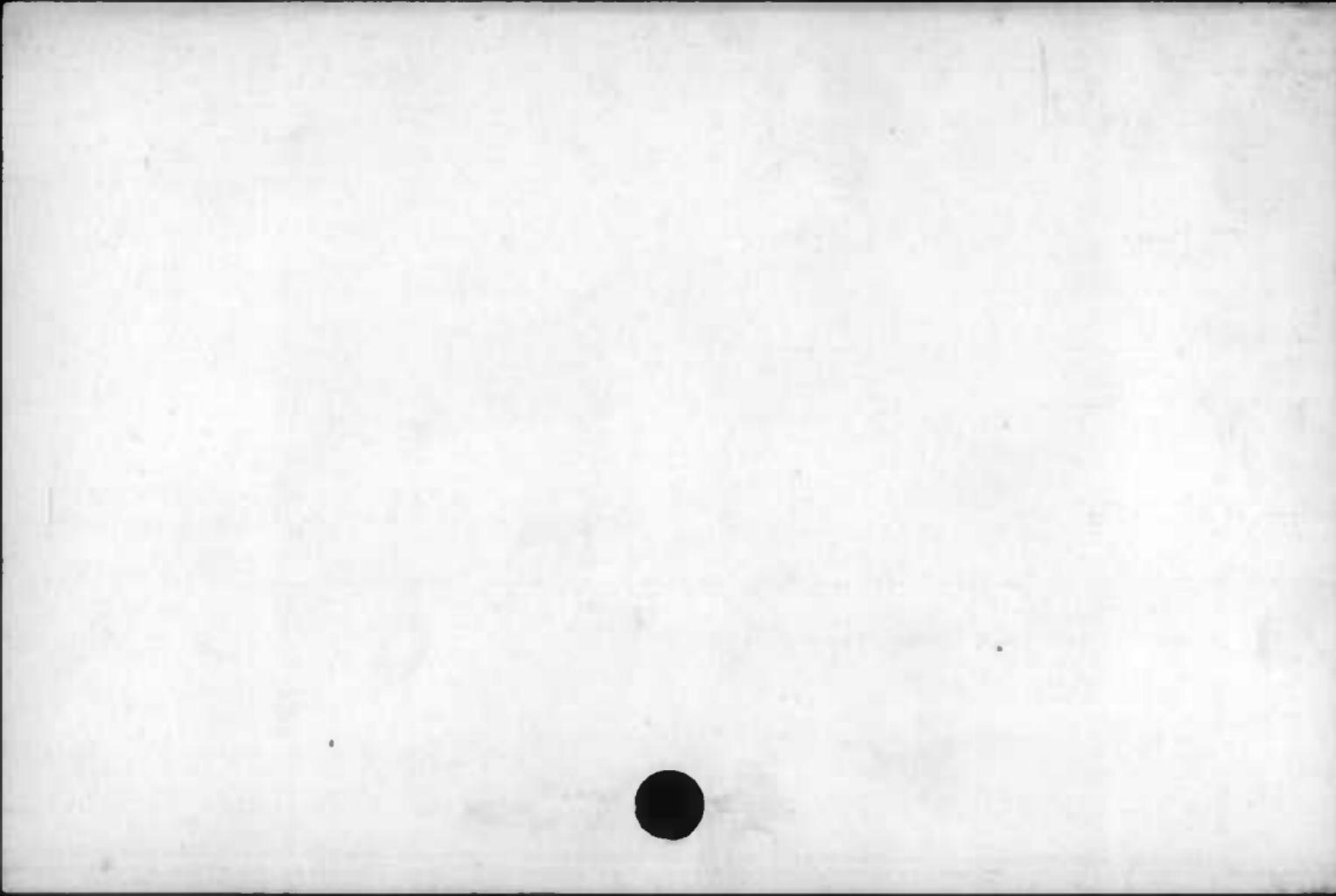
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single Widowed	Name of Wife or Husband	John Parker				
Father's Name	John L. Brisco					Father's Birthplace
Mother's Maiden Name	Dorit know					Mother's Birthplace
Name of person giving information	John					How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowsy.		How long 184
Immediate	Heart Failure.		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. Bottles Gross	
		Address Jefferson St 2	
Accident or Suicide?			



Name
in
Full

Julius O. Pettengall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	190	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age 25		Birthplace		
Occupation	Brewer		Where Residing if not at place of death			At home	
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Elmer E. Pettengall		Father's Birthplace	Middletown			
Mother's Maiden Name	K. E. Young		Mother's Birthplace	Frederick			
Name of person giving information	Parents		How related to deceased				

CAUSES OF DEATH

27

How long

2 years

How long

20 weeks

Primary

Pulmonary Tuberculosis

Immediate

Exacerbation

Are the name, age, sex, color, date and place correctly given above?

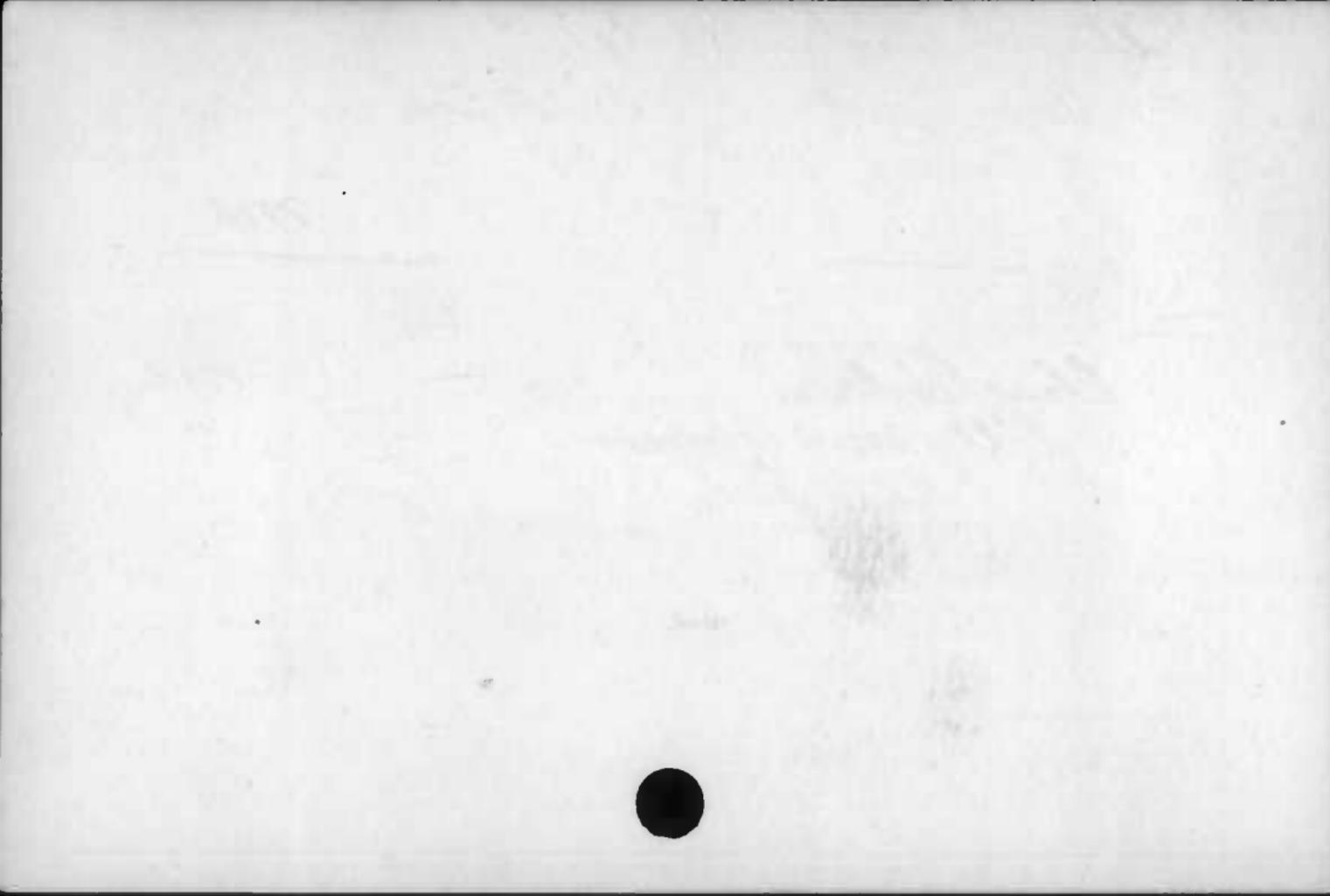
Signature of Physician

Address

T. B. Johnson

F. Frederick, Md

Accident or Suicide?



Name
in
Full

Lillian Viola Poole

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	January	12	1	3	13	
Sex	female	Color or Race	white	Birth-place	Mid	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Chas Poole					
Mother's Maiden Name	Lilly May Portner					
Name of person giving Information	Chas Poole					

CAUSES OF DEATH

119

Primary

Acute Nephritis

3 months

Immediate

Urinary poisoning

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

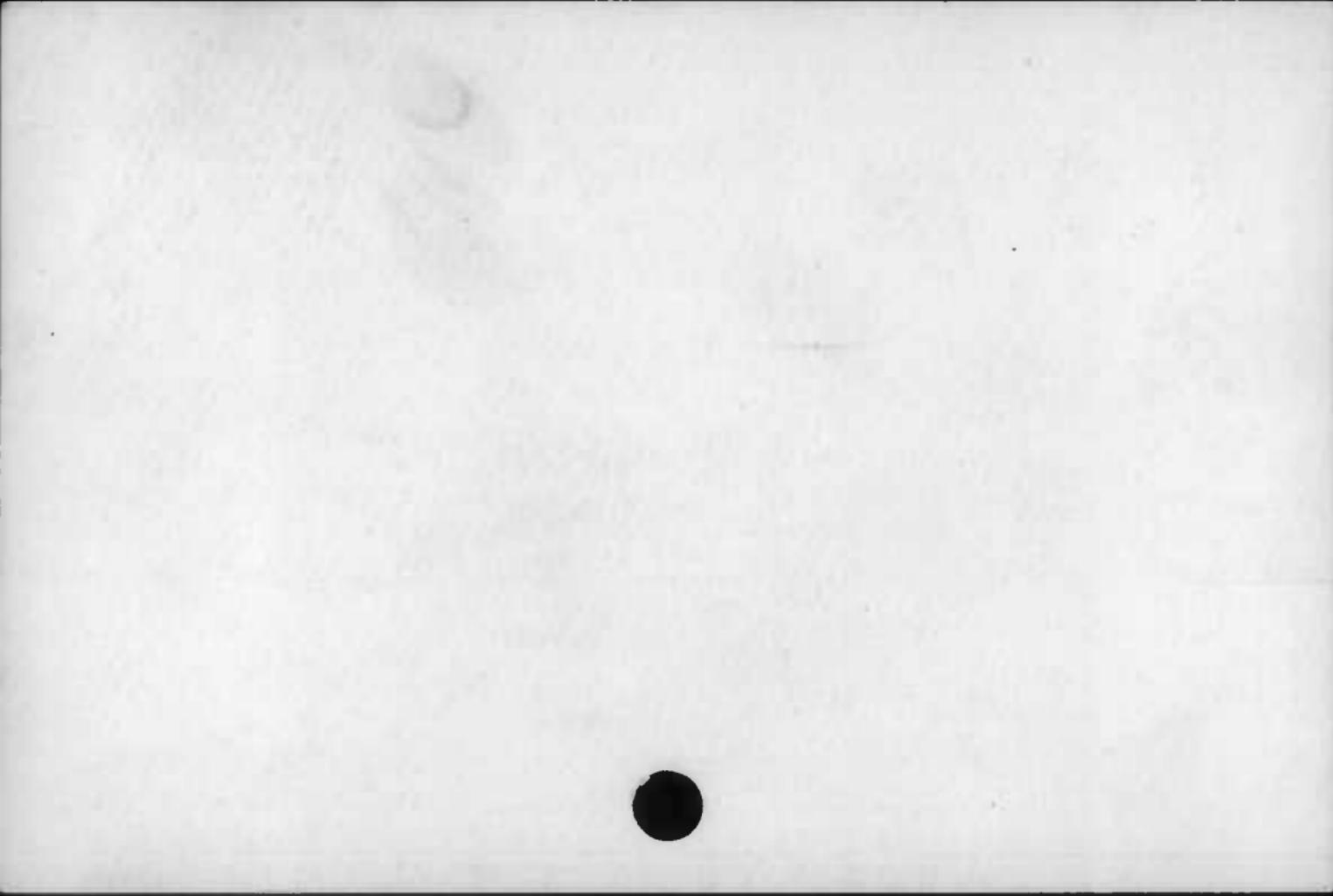
Wm. A. Baily

Thurmont -

Md.

Accident or Suicide?

no



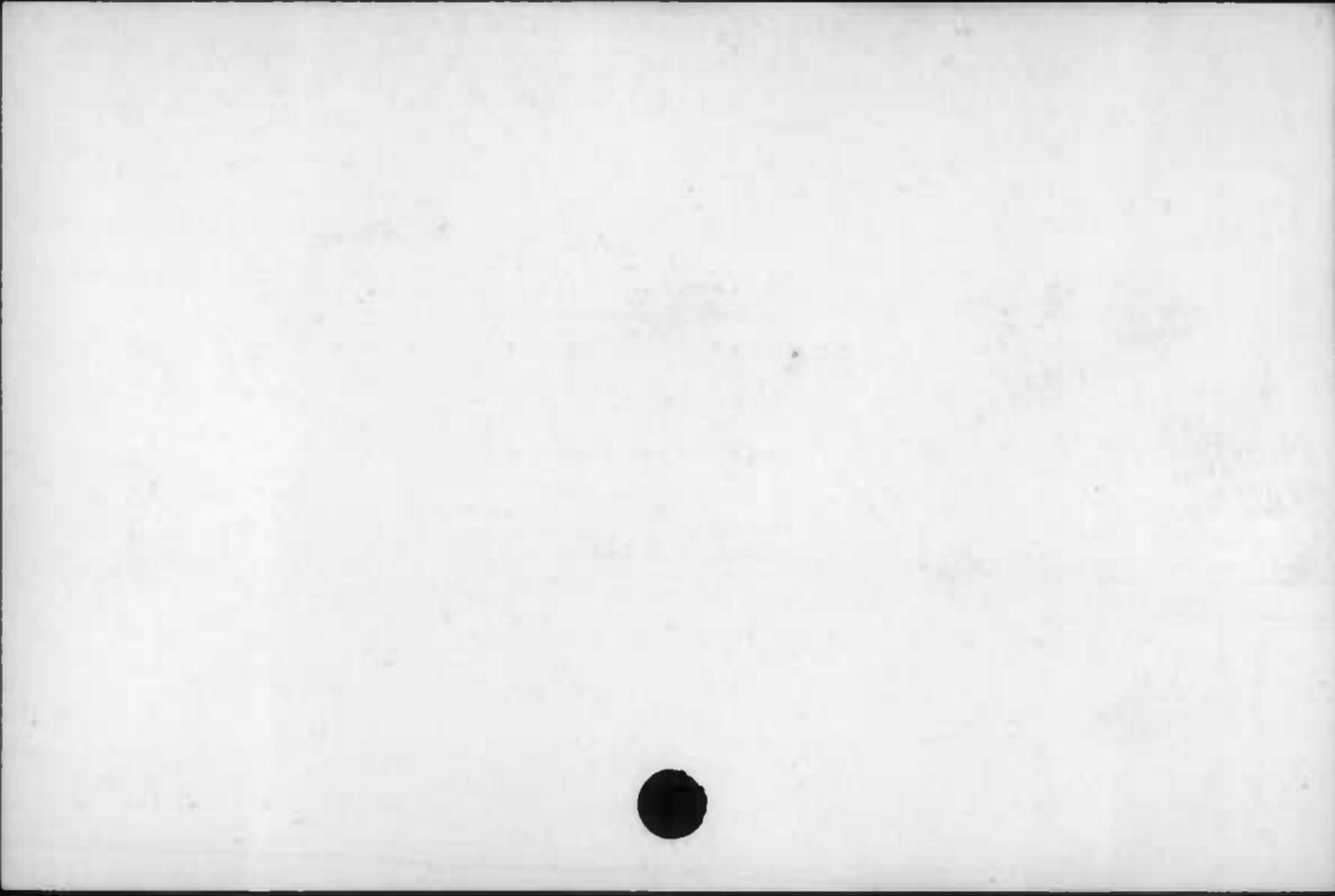
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Lewisburg</u> <small>Town</small>		<u>WV</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>6</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Lewisburg</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Emmet R. Powell</u>			Father's Birthplace <u>County</u>	
Mother's Maiden Name	<u>Minnie Work</u>			Mother's Birthplace <u>.,</u>	
Name of person giving Information	How related to deceased				
CAUSES OF DEATH					
Primary	<u>85</u>				
How long					
immediate	<u>Internal hemorrhage</u> <u>One day</u>				
How long					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. M. M. Brown</u>				
	Address <u>Lewisburg</u>				
Accident or Suicide?	<u>3d</u>				



Name
in
Full

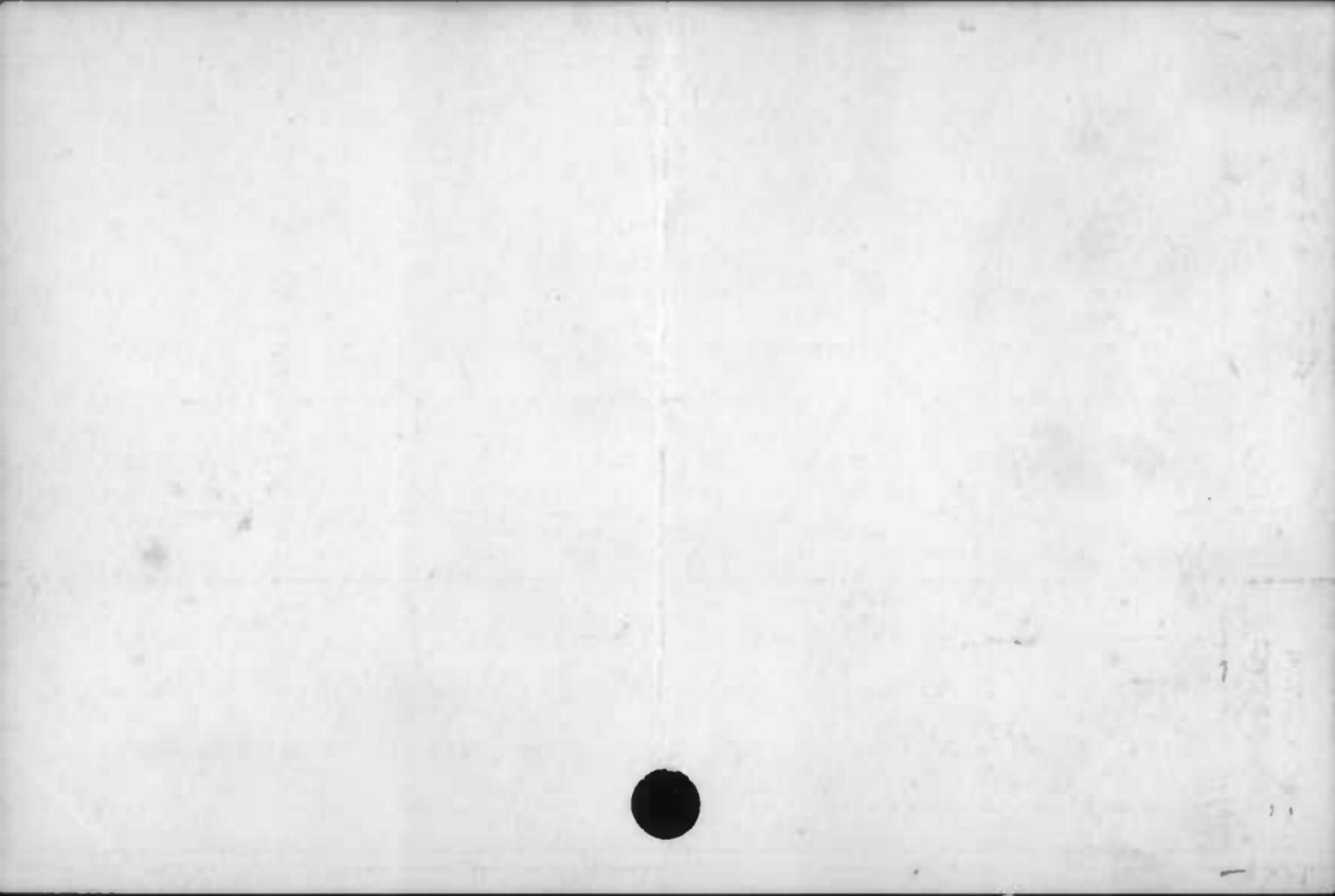
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Lawrence B. Pocorell</i>				MARYLAND		
Died at	Town	County				
<i>Lawistown</i>		<i>Frederick</i>				
Date of death	Month	Day	Years	Months	Days	
1909	1	4	Age	30		
Sex	Color or Race	Birthplace				
Male	<i>White</i>	<i>Lawistown</i>				
Occupation	Where Residing if not at place of death					
Married, Single Widowed	Name of Wife or Husband					
Father's Name	<i>Ernest R. Pocorell</i>					
Mother's Maiden Name	<i>Mary C. Shool</i>					
Name of person giving information	<i>E. R. Pocorell</i>					
CAUSES OF DEATH						
Primary	85					
How long						
Immediate	<i>Internal Hemorrhage</i>					
How long	<i>Three days</i>					

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
	<i>E. S. Neighbors</i>
	<i>Lawistown</i>
Accident or Suicide?	md.



Name
in
Full

Richard P. Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mountaire		Town Naan Goedelwick	County Frederick Co	MARYLAND		
Date of death	1909	Month 1	Day 28	Age 62	Months —	Deys —
Sex	Male	Color or Race	White	Birth- place	Goedelwick	
Occupation	Shoe-baker		Where Reiding if not et place of death	Same		
Married, Single or Widowed	Single	Name of Wife or Huebend				
Father's Name	Egret Rose		Father's Birthplace			Goedelwick
Mother's Maiden Name	Mary C. Landenkin		Mother's Birthplace			Maryland
Name of person giving Information	John C. Rose		How related to deceased			Brother

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

10 yrs.

Immediate

Pulmonary Hemorrhage

5 months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

yes

Address

R. S. Geyser
Goedelwick,
Md.

Accident or Suicide

Interment Jan 30 - 09
" at St John's Cemetery
Thomas P. Rice F.D.

Dr Tyson
Dr Goodell
Dr McCurdy

Name
in
Full

Edna E Runkles No. 3

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Hampstead</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1907 Jan</u>	Month <u>Jan</u>	Day <u>17</u>	Years <u>1</u>	Age <u>1</u>	Months <u>4</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Med.</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Melvin Runkles</u>	Father's Birthplace <u>Med.</u>					
Mother's Maiden Name <u>Bessie Thompson</u>	Mother's Birthplace <u>Med.</u>					
Name of person giving information <u>Melvin Runkles</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

105

How long

How long

Primary

Intestinal Indigestion

One month

Immediate

Malnutrition & Exhaustion

Are the name, age, sex, color, date and place correctly given above?

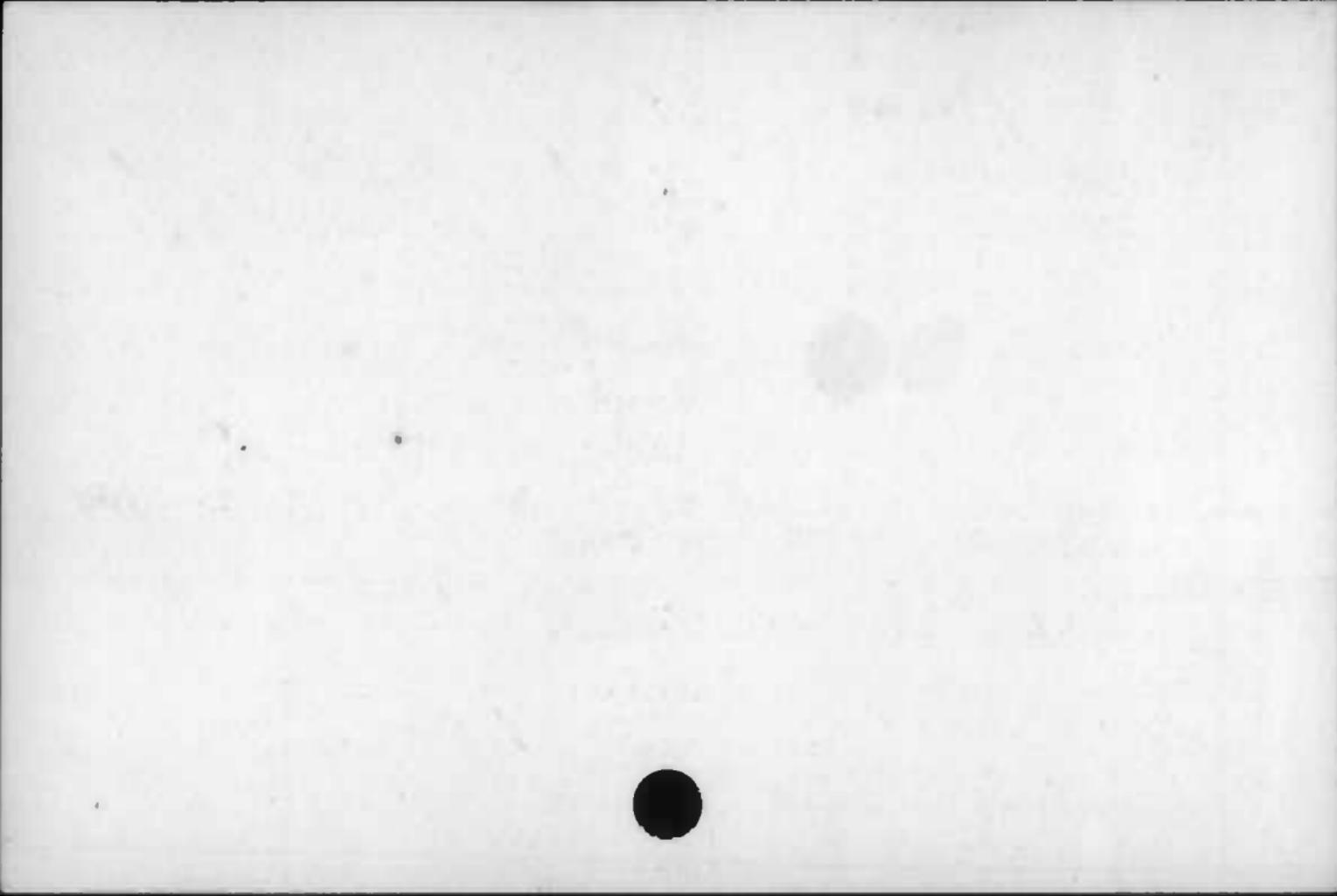
Yes

Signature of Physician

Address

R. G. Gandy Jr.
Montgomery
Med.

Accident or Suicide?



To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Susan Savoy

Town

County

Died at

Mountlawn

Frederick

MARYLAND

Date
of death

1909

Month

Jan

Day

3

Years

29

Months

X

Days

X

Age

Birth-
place

Place

Sex

Female

Color or
Race

Colored

Md

Occupation

Domestic

Where Residing if not
at place of death

X

Married, Single
or Widowed

Single

Name of Wife or
Husband

X

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Keli Forey

How related
to deceased

Relative

CAUSES OF DEATH

68

How long

Several months

Primary

Anæsthesia leading to Death

How long

Several weeks

Immediate

General Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

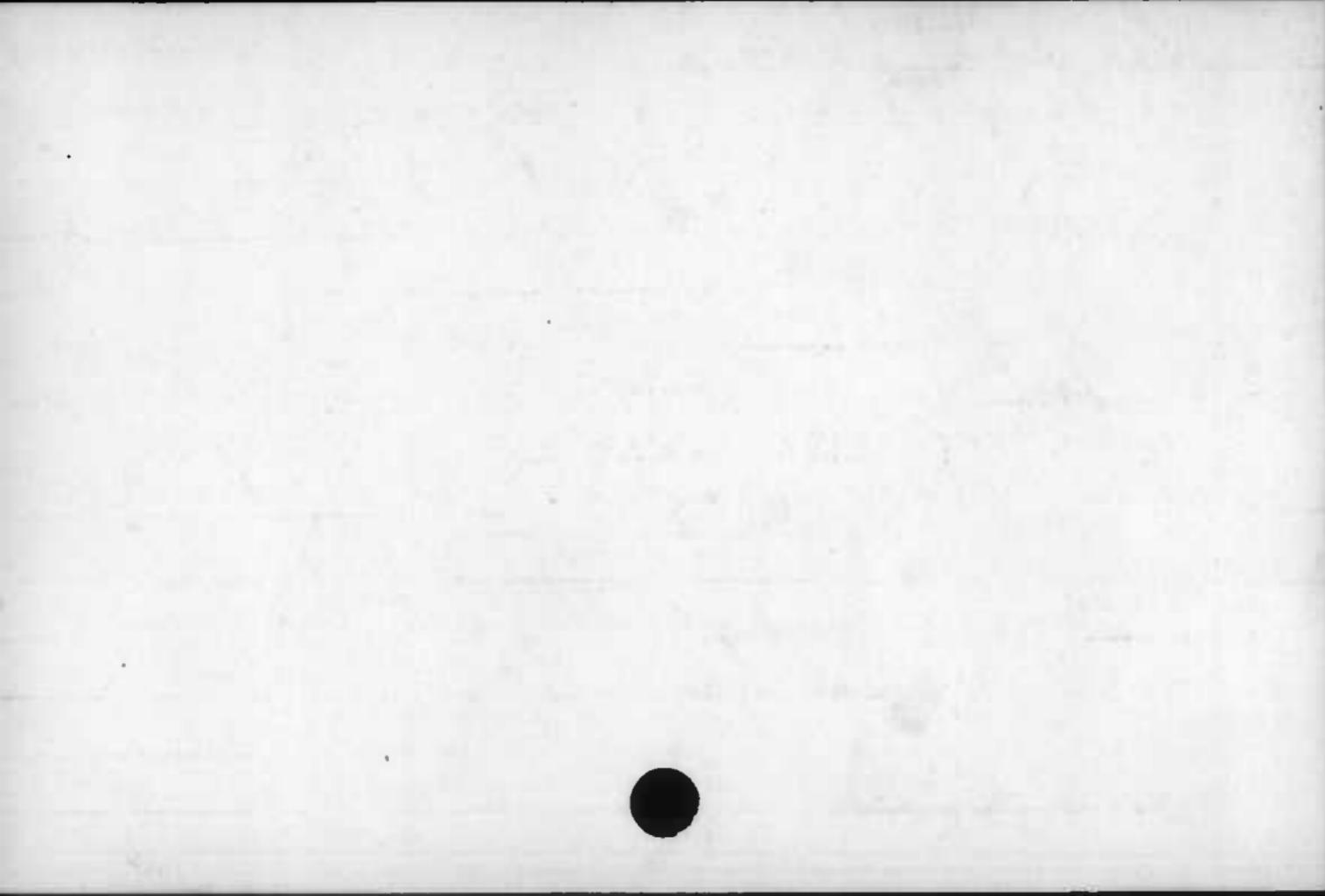
Dr. Boisone M.D.

Address

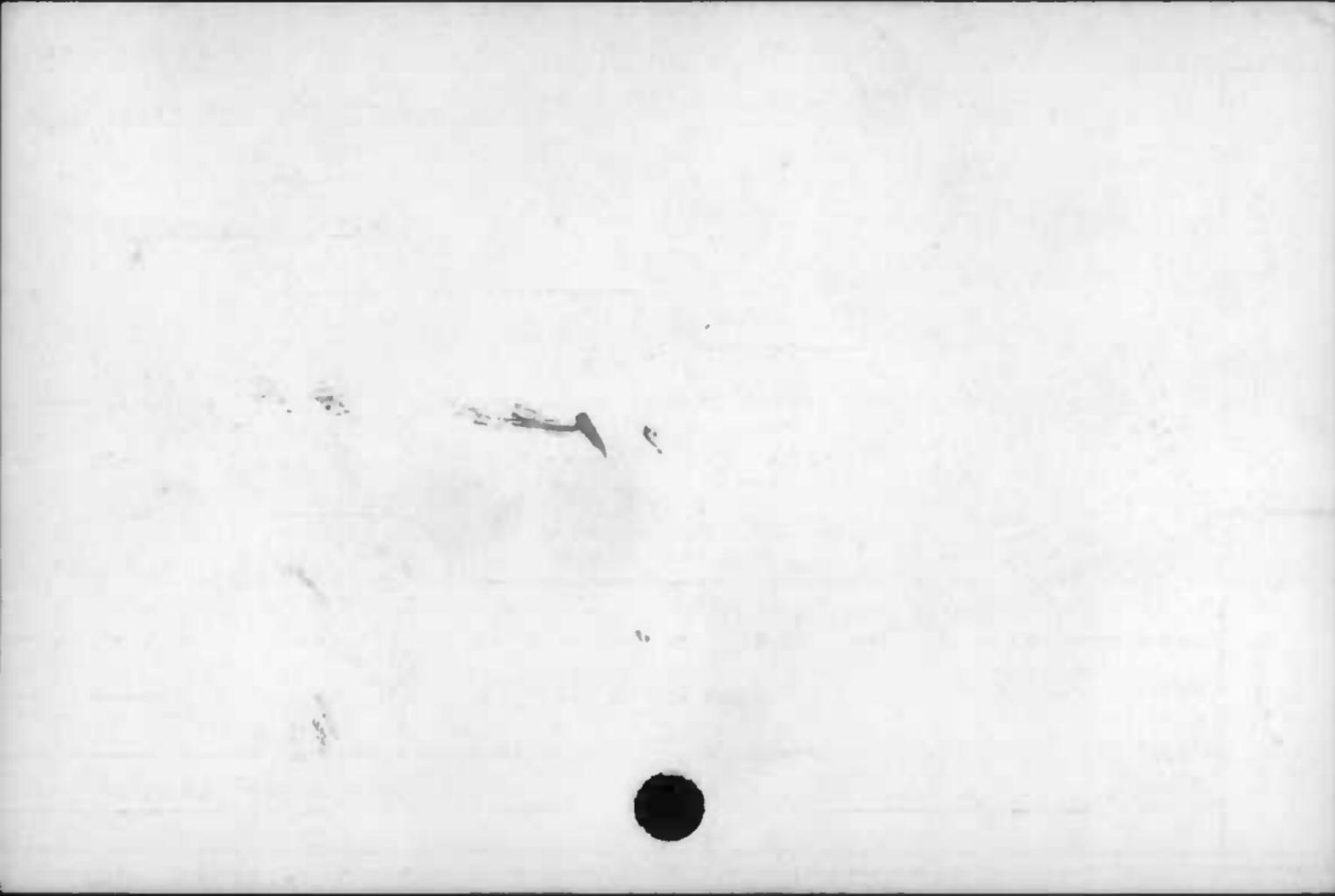
Frederick, Md.

near as can be as-
certained.

Accident or Suicide?



Mrs Rose Short							CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND			
Date of death	1909	Month Jan	Day 14	Age 78	Years 7	Months 7	Days 14	
Sex	Female		Color or Race	White		Birth-place	Emmitsburg Md	
Occupation	House Wife		Where Residing if not at place of death					
Married, Single or Widowed	Widow		Name of Wife or Husband	Peter Short		Father's Birthplace	Md	
Father's Name	Chas Rosenthal -				Mother's Birthplace	Md		
Mother's Maiden Name	Maria Adams				How related to deceased	Daughter		
Name of person giving Information	Mrs John Hoke				How long	154		
CAUSES OF DEATH							How long	
Primary	Old Age							
Immediate	Hypostatic Congestion of lungs						5 days	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Dr. D. Stone			
			Address		Emmitsburg Md			
Accident or Suicide?								



Name
in
Full

Mary E Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at <u>Mary Thumon</u>			County <u>Frederick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>1</u>	Day <u>15</u>	Years <u>Age 47</u>	Months <u>6</u>	Days <u>21</u>	
Sex <u>Female</u>	Color or Race <u>white</u>		Birth- place <u>Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single <u>Widowed</u>	Name of Wife or Husband <u>James E Smith</u>					
Father's Name <u>Christian Gisbert</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Catherine Heffner</u>			Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>Jas E. Smith</u>			How related to deceased <u>Husband</u>			

CAUSES OF DEATH

Primary <u>Dropoy and Heart disease.</u>	How long <u>79</u>
Immediate <u>Prunnie Poisoning</u>	How long <u>6 months</u>

Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James R Waters M.D.</u> Address <u>Thomson - Md</u>
Accident or Suicide? <u></u>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

William A. Smothers

CERTIFICATE OF DEATH

Died at <u>Bunkerville</u>		<u>Ind.</u>	County	MARYLAND		
Date of death <u>1909</u>	Month <u>Jan.</u>	Day <u>9</u>	Age <u>24</u>	Months <u>11</u>	Days <u>13</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Fred. Co. Ind.</u>				
Occupation <u>Laborer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Harriet Smothers</u>					
Father's Name <u>John Smothers</u>	Father's Birthplace <u>Fred. Co. Ind.</u>					
Mother's Maiden Name <u>Julian Howard</u>	Mother's Birthplace <u>" " "</u>					
Name of person giving information <u>Harriet Smothers</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

176

How long

How long

Primary <u>Gunshot wound of Chest</u>	<u>4 days</u>
Immediate <u>Peritonitis, Acute</u>	<u>2 days</u>

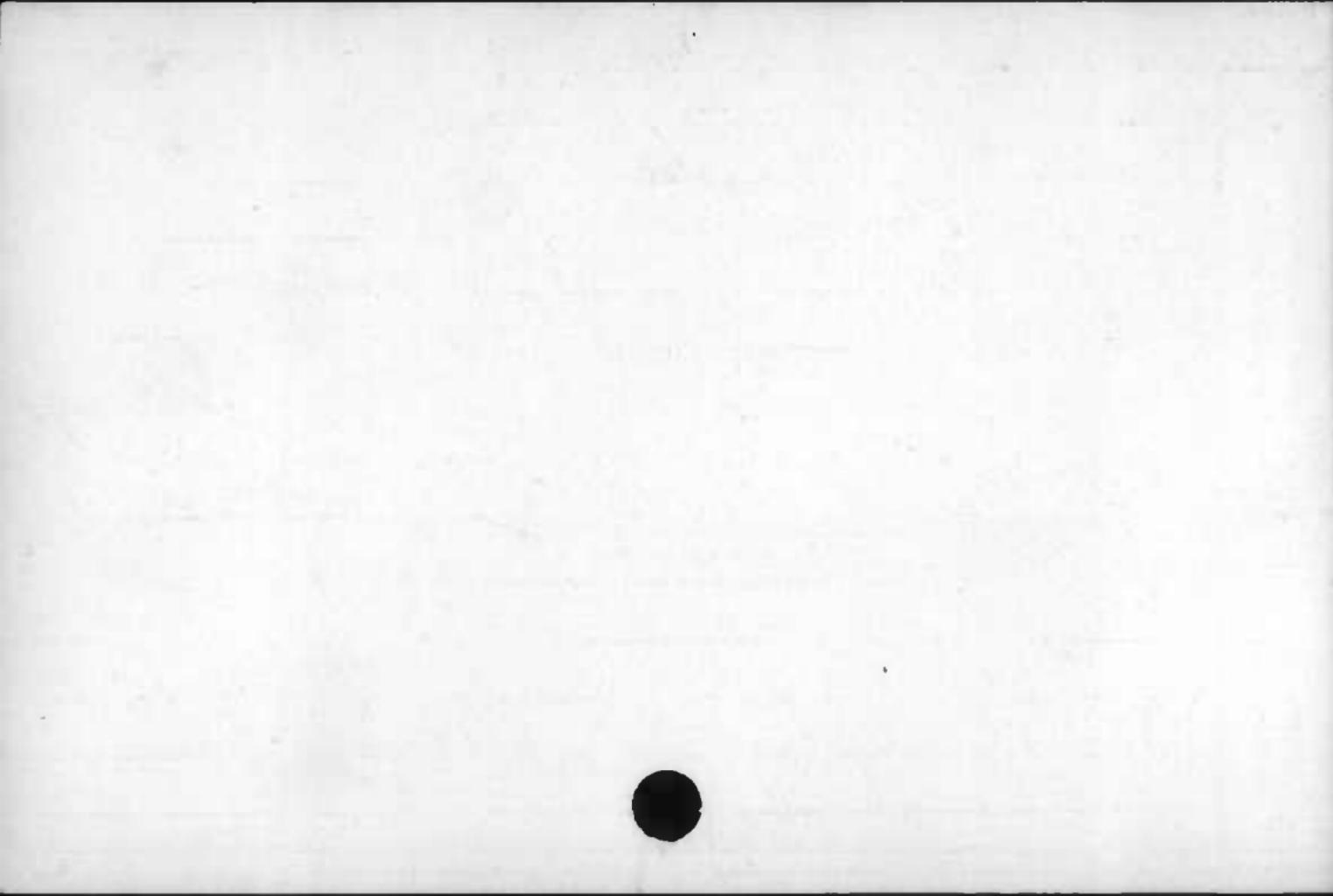
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Younce, J.
Bunkerville
IndAccident or Suicide? Homicidal



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Hattie Grace Speal

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth- place	Md.		
Occupation	House wife	Where Residing if not at place of death			Loyallville		
Married, Single or Widowed	Married	Name of WIFE or Husband	Howard Speal	Father's Birthplace	Md.		
Father's Name	John J. H. Kelly	Mother's Maiden Name	Johnnie S. Kelly	Mother's Birthplace	Md.		
Name of person giving Information	John E. Kelly	How related to deceased	Brother	How long			

CAUSES OF DEATH

27

Primary	—	How long	—
Immediate	Tuberculosis	How long	11 months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

J W Starr

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days
8 Jan		28	Age	71	1	23
Sex	Male	Color or Race	White			
Occupation	Retired Merchant					Where Residing if not at place of death city -
Married, Single or Widowed	Name of Wife or Husband		Mary R Hunter			
Father's Name	Marier J Starr					Father's Birthplace county
Mother's Maiden Name	Annie Phillip					Mother's Birthplace county
Name of person giving Information	Daughter					How related to deceased 66

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

1 year

Immediate

Heart Failure

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

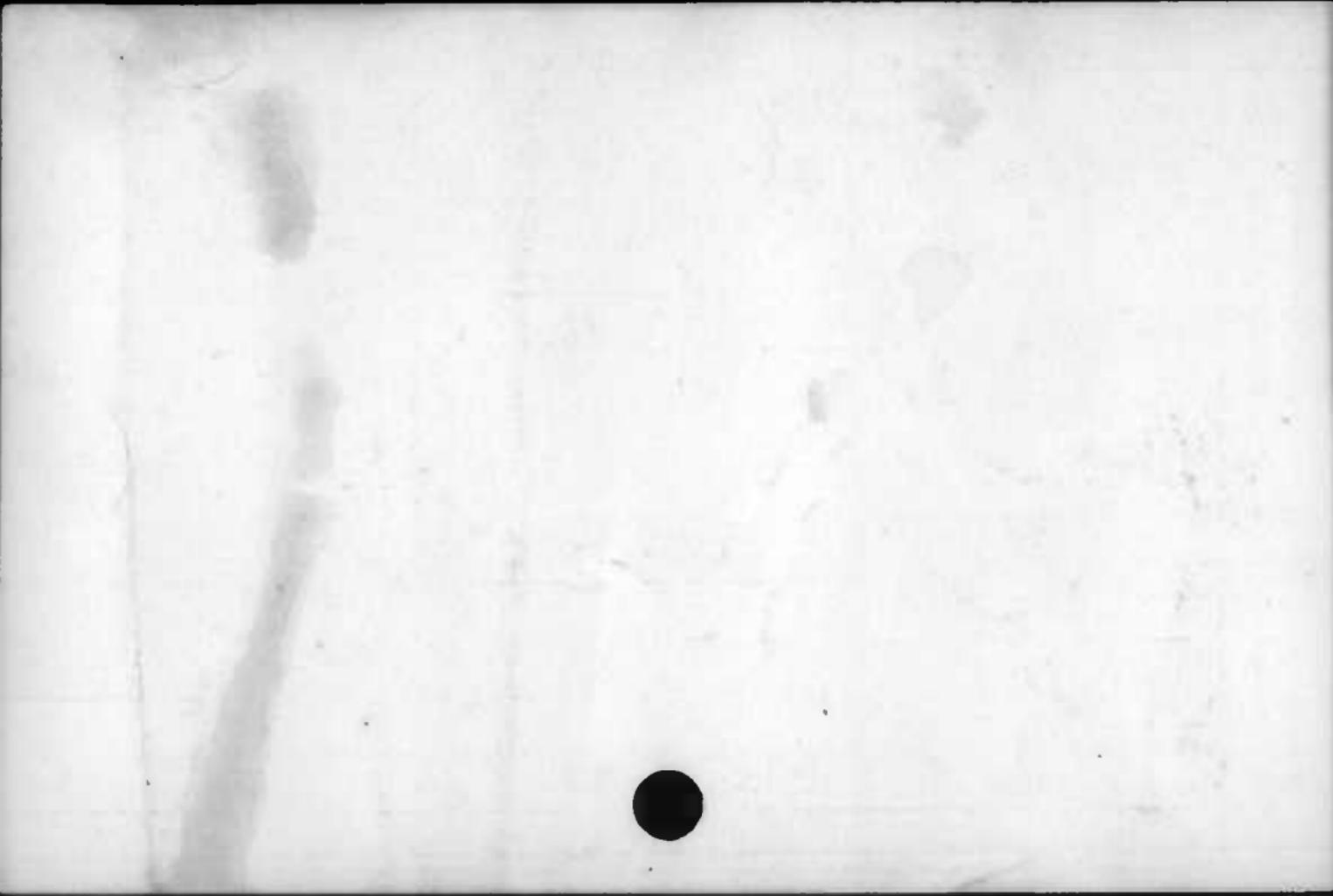
Signature of Physician

Address

T B Johnson

Frederick, Md

Accident or Suicide?



Name
in
Full

Wm F. Steiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Jan	Day 9	Years Age 49	Months	Days 14
Sex	Male	Color or Race	white	Birth- place Md.		
Married, Single or Widowed	Single	Occupation	Miller			
Name of Wife or Husband						
Father's Name	J. F. Steiner			Father's Birthplace	Germany	
Mother's Maiden Name	Margret Weisel			Mother's Birthplace	Germany	
Name of person giving Information	Mrs. Echstein			How related to deceased	Sister	

CAUSES OF DEATH

120

Primary	Chronic Bright's Disease	
Immediate	Metral + Arteric Rigidity	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician T. Clyde Roulson
		Address Buckeytown
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

Maurice William Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Jan	Day 17	Years	Month 9	Days 9
Sex	male	Color or Race	white	Birthplace	Brunswick	
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Name of Wife or Husband					—
Father's Name	Mrs. H. Sullivan					Father's Birthplace W. Va
Mother's Maiden Name	Zella M. French					Mother's Birthplace Washington, D. C.
Name of person giving Information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia & middle ear disease

5 days

How long

Immediate

Meningitis

Do not know
(as care came in
my hands only a
few hours ago and
I don't know where
it came from)

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Chas. R. Clegg
Brunswick, Md.

Accident or Suicide

Name
in
Full

Elizabeth Thompson No. 2

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Husband	Name of Wife or Husband	Bushrod Thompson		
Father's Name	Bull Spurrier			Father's Birthplace	Md
Mother's Maiden Name	Eliza Watts			Mother's Birthplace	Md
Name of person giving information	Rosanah Thompson			How related to deceased	Daughter

CAUSES OF DEATH

10

Primary

Grippe & pneumonia

How long
one week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

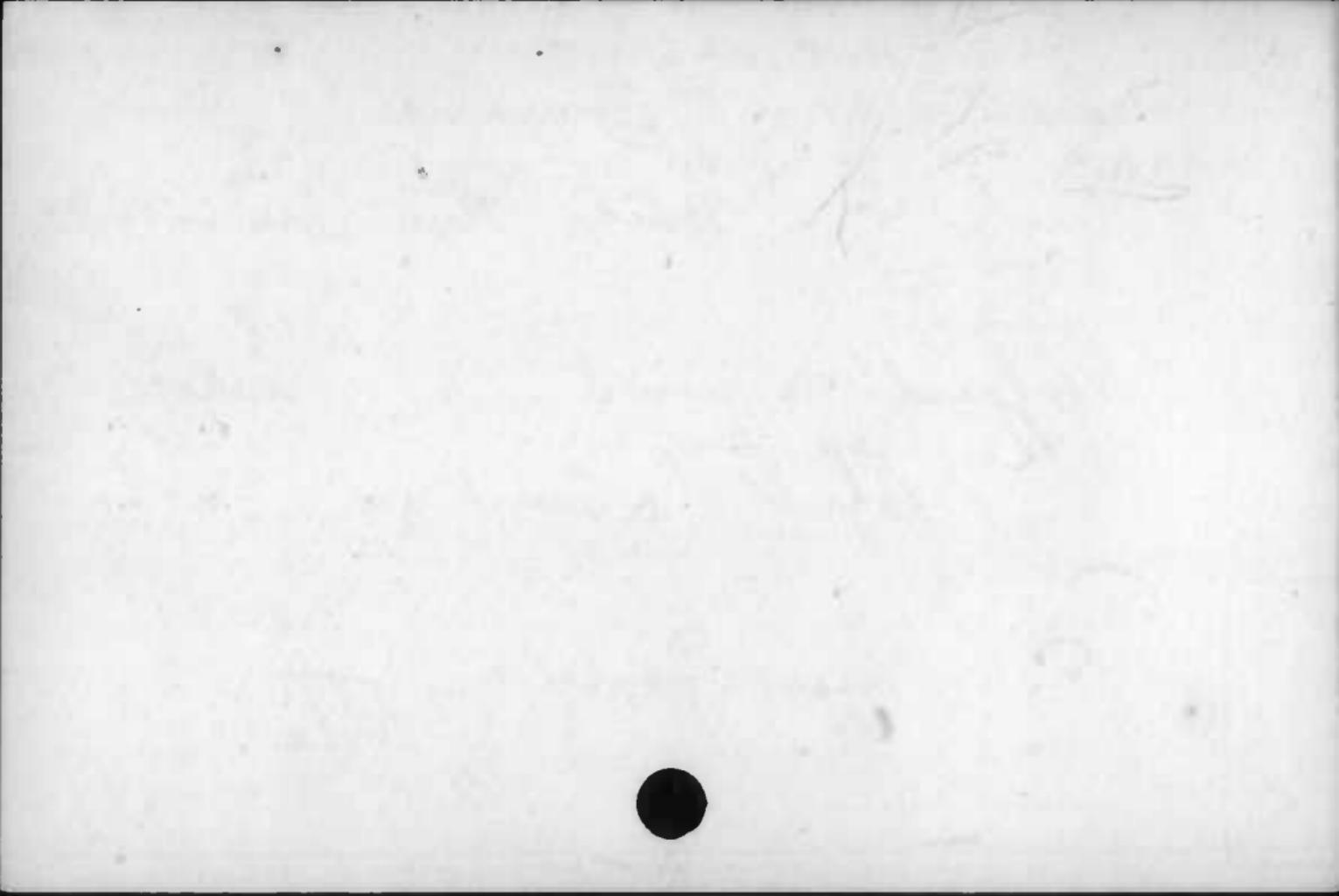
Address

R. C. Faudree

Thompson

Md.

Accident or Suicide?

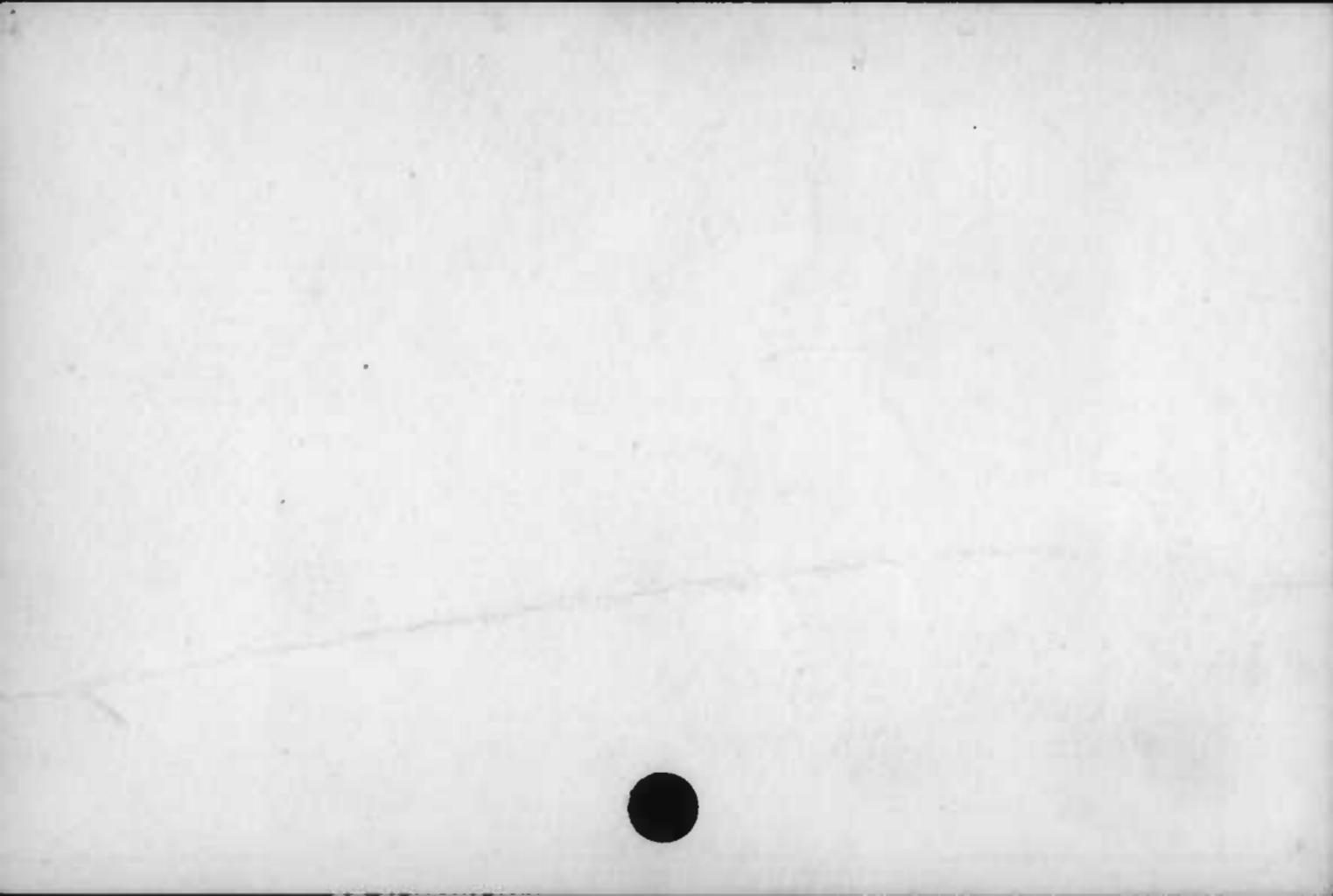


Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Not named Trout				CERTIFICATE OF DEATH		
Died at <u>Near Mc. Kings</u>		Town <u>Frederick</u>	County <u>Frederick</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>1</u>	Day <u>4</u>	Age <u>36</u> Years <u>6</u> Months <u>6</u> Days			
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Frederick Co.</u>			Birth-place	
Occupation <u>—</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Elzadell Trout</u>				Father's Birthplace <u>Frederick Co.</u>		
Mother's Maiden Name <u>R. May Doffler</u>				Mother's Birthplace <u>—</u>		
Name of person giving information <u>Elzadell Trout</u>				How related to deceased <u>Father</u>		
CAUSES OF DEATH						
Primary	<u>Congestive of Brain.</u>			64	How long <u>30 hrs</u>	
Immediate	<u>Heart failure</u>			30 hrs	How long	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>Dr. Leib</u>	Address <u>111 Pleasant Rd.</u>	
Accident or Suicide?						



Name
in
Full

Philip Hammond Welly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1909		1	9	75-	8	17	
Sex	Male		Color or Race	White		Birth-place	
Occupation	Booper		Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband	Mrs Philip Welly			
Father's Name	Geo Welly		Father's Birthplace				
Mother's Maiden Name	Frances Hammond		Mother's Birthplace				
Name of person giving information	Mrs Philip Welly		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemiplegia	
Immediate	Paroxysms of Heart	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

66

Time

long

3 p.m.

How long

Some dead with

city

